

KEYTAG ORDER FORM

INVOICE TO:	SHIP TO: (IF DIFFERENT)
Business Name:	Business Name:
Address	Address:
City:	City:
Province	Province:
Postal Code:	Postal Code:
Ph Number:	Ph Number:

IMPRINTING INFORMATION (5 LINE MAXIMUM)

LINE 1: _____

LINE 2: _____

LINE 3: _____

LINE 4: _____

LINE 5: _____

QTY OF TAGS TOTAL (Minimum order of 50 tags) _____

TAG COLOUR: *Limited colours for 5" tag*

Black () White () Navy () Powder Blue () Emerald Green () Red () Turquoise ()

TAG SIZE: 3.5" () 5" ()

PRINT INK COLOUR: White () Black ()

Link Style: C () S ()

POSTAL RETURN SYMBOL: Yes () No ()

Numbering Information:

Starting Number	Stopping Number	QTY. of Each	Starting Number	Stopping Number	QTY. of Each



SIGNATURE _____ (All orders final once signed)