

# CUSTOMER ORDER FORM

A V B c k Y

Sold to: _____	
Address: _____	
City: _____	State: _____ Zip: _____
Phone: _____	FAX: _____
E-Mail: _____	
Ship to: _____	
Address: _____	
City: _____	State: _____ Zip: _____

**5k UfXg**  
 80126 Highway 111  
 Indio, CA 92201  
 Telephone: (760) 347-0069

FAX: (760) 347-1144  
 info@mcdowellawards.com  
[www. \\_\\_\\_\\_\\_ .com](http://www.mcdowellawards.com)

Date:	Customer Order No:	Ship Via:	In-Hand Date	Payment Method

	Catalog No:	Quantity	Color	Size	Inscription * - Please Print
1					
2					
3					
4					
5					
6					

<p><b>Customer Notes:</b></p>   
<p><b>Special Notes:</b></p> <p>* If the above space is insufficient, please attach a separate sheet with your desired inscription.</p>

<b>Estimated Cost:</b>	
Items	\$
Set-Up	\$
Engraving/Etching	\$
Color Fill	\$
Art Work	\$
Other	\$
Subtotal	\$
Tax	\$
Shipping	\$
<b>Total</b>	<b>\$</b>