




LOGOLOGIC.COM

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SPORTSMATER  APPAREL DISTRIBUTORS - APPAREL MADE IN USA

ORDER FORM

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**Order Information**

| Style No.        | Page | Description | Color | Size | Qty                  | Each | Price |
|------------------|------|-------------|-------|------|----------------------|------|-------|
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| <b>Comments:</b> |      |             |       |      | <b>SUBTOTAL</b>      |      |       |
|                  |      |             |       |      | <b>OTHER CHARGES</b> |      |       |
|                  |      |             |       |      | <b>ME SALES TAX</b>  |      |       |
|                  |      |             |       |      | <b>SHIPPING</b>      |      |       |
|                  |      |             |       |      | <b>RUSH CHARGE</b>   |      |       |
|                  |      |             |       |      | <b>TOTAL</b>         |      |       |

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Payment Information

Name: _____

Title: _____

Company: _____

Street Address: _____

City: _____ **State/Province:** _____ **Zip Code:** _____

E-Mail Address: _____

Daytime Phone: _____ **Fax:** _____

Payment: MasterCard VISA Check Money Order

Credit Card Number: _____ **Expiration Date:** _____

Name As It Appears On Credit Card: _____

Signature: _____ **Date:** _____

Purchase Order Number (when needed): _____
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**Shipping Information**

**UPS Shipping:**

UPS Ground     UPS 3 Day Select     UPS 2<sup>nd</sup> Day Air     UPS Next Day Air  
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In order for us to accept your phone_____, mail_____, or e-mail_____ order, we must have this form completed in full, signed and returned to us for verification.

STATEMENT OF AUTHORIZATION
CONFIDENTIAL INFORMATION

Fax to: (207) 672-4364
or **mail to:** LogoLogic.com P.O. Box 605, Bingham, ME 04920

This is to advise you that you are authorized to accept orders from our business, charge the cost of such orders to my credit card account and ship the merchandise to the shipping address shown above.

Signature: _____ **Date:** _____