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CUSTOM USB ORDER FORM [Form #2005]

1. Contact Information: Main Contact Information: Ship to Information if different: Contact Name: Contact Name: Company Name: Company Name: Phone: Phone: Cell Phone: Cell Phone: Address: Address: Proof to Email: 2. Order Information: Check your quote carefully and verify it is correct before sending this order in. If the quote is incorrect please call your account representative to get an accurate quote before sending in your order. Title of Project: Account Rep.: Quote/Order #: Requested Delivery Date: Quantity: The Requested Delivery Date above is the latest date you wish to have your project in hand by. Express Service in 1-5 Business Days on select drives, Standard Service in 10-14 Business Days, some restrictions apply. Project turn-time begins when all requirements are met: Receipt of order form, payment, and full approval of artwork and data proofs. Order Description: 'Volume Label" Drive Name: **USB Drive Color:** (max. 11 characters) NOTE: Volume label defaults to all capital letters. Allowed characters are letters, numbers, underscore, and dash. If no volume label is filled out, the volume label will then be left blank. Drive will show up as "Removable Disk". 3. Payment: We require all projects to be prepaid. Checks or certified funds are required methods. Orders will not be shipped unless payment is received in full. Credit Card Payment: If you are paying by credit card, which has a different Bill to address than the Main Contact bill to address (on page 1), please fill in Credit Card Bill to Address below. Card #: Card Bill to Address: Expiration: Name on Card: *Credit Card CCV Code - Please note that an Account Representative will contact you for the 3 or 4-digit credit card security code. For your protection, do not write it on this form. 4. Authorization: I have read and agree to the US Digital Media terms and conditions on www.premiumusb.com/terms-of-service-pusb and authorize payment above. Signature Date: Printed Name: Title: