

Custom USB REORDER Form

[Form #2007]

www.CDRom2Go.com
www.PremiumUSB.com

IMPORTANT: THIS FORM IS EXACT REORDERS OF CUSTOM USB/FLASH RELATED REORDERS ONLY. THE ONLY CHANGE FROM YOUR LAST ORDER THAT IS ACCEPTABLE WITH THIS FORM IS QUANTITY AND SHIPPING INFORMATION. ANY OTHER CHANGES WILL REQUIRE NEW ORDER, USE FORM #2005.

1. Order Information:

LAST ORDER # _____

(Most recent order number)

Title of Project: _____	
Account Rep.: _____	Current Quote #: _____
Requested Delivery Date: _____	Quantity: _____
Delivery date above is the latest you wish to have your project in hand by. See website for estimated turn time of your select custom piece. Most custom projects require standard 10-14 business days to complete; some have Express service available in 1-5 days. Project turn-time begins when all requirements are met: Receipt of order form, payment, and full approval of artwork proof. *NOTE: If shipping method will not meet the requested delivery date, then the shipping method will need to be expedited in order for requested delivery date to be met. Additional fees may apply.	Requested shipping method*
	Ground Customer Pick Up
	3-day
	2-day
	Overnight Saver (by end of day)
	Overnight Next Day Air (by 10:30)

2. Email Proof:

An email proof for artwork verification must be sent and approved to begin production of your order.

Email Proof to this address: _____

3. Payment: USDM requires all projects to be prepaid. Checks or certified funds are required methods. Orders will not be shipped unless payment is received in full.

Purchase Orders are allowed for pre-approved terms customers only. (i.e. Public Schools, State Colleges/Universities and State, Local or Federal governments.)

P.O. # _____ **Check #** _____

Credit Card Payment –

Credit Card CCV Code - Please note that an Account Representative will be calling for the 3 or 4-digit credit card security code. For your protection, do not write it on this form.

Credit Card Bill to Address:

Card # _____	Expiration _____	_____
Name on Card _____	Signature _____	_____

4. Ship to address:

I would like to ship to the same ship to address from my original order

I would like to ship to a different address from my original order: _____

New ship to address (*street address, city, state, zip*)

5. Authorization:

I agree to be bound by the US Digital Media Inc. terms from my previous order # _____.

Signature: _____ Date: _____

Print Name: _____ Title: _____