

CUSTOM USB ORDER FORM [Form #2005]

1. Contact Information:

Main Contact Information:

Contact Name: _____

Company Name: _____

Phone: _____

Cell Phone: _____

Address: _____

Proof to Email: _____

Ship to Information if different:

Contact Name: _____

Company Name: _____

Phone: _____

Cell Phone: _____

Address: _____

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: _____

USB Drive Color: _____

"Volume Label" Drive Name:

(max. 11 characters)

*NOTE: **Only 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 be calling 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: _____