



ADVISOR PRODUCTS INC.

1025 Old Country Rd., Suite 223, Westbury, NY 11590
516-333-0066 x223 sales@advisorproducts.com

Stationery Order Form And Agreement

Fax To: (516) 706-3162

PRIMARY CONTACT		Sales Representative	
Company Name		Broker Dealer and/or Custodian	
Shipping Address	BILLING ADDRESS (If Different)	BILLING CONTACT (If Different)	
Telephone Number		Fax Number	
Email Address			

Product:	Product:
Quantity:	Quantity:
Size:	Size:
Paper Color:	Paper Color:
Paper Weight:	Paper Weight:
Print Color:	Print Color:
Bleeds:	Bleeds:
Special:	Special:
Proofs:	Proofs:
*PRICE:	*PRICE:

More Products On Page 2

Design Cost: _____ Printing Cost: _____ Total Cost: _____ + S&H

THIS AGREEMENT MADE by and between Advisor Products, Inc. (hereinafter referred to as "API") and Company Name listed above (hereinafter referred to as "FIRM").

Payment: 100 percent of payment is due upon signing this agreement.

Cancellation fee: Cancellation prior to printing is 50 percent of the total fee. In the event of cancellation, API shall own all rights to the designs.

Additional Charges: Any deviation from the above mentioned specs may incur additional fees. Scanning, typing services, digital art, text creation and writing services are not included in the basic fee.

Copyright Notice: Copyright notice in the name of API shall not accompany the Designs when reproduced.

Releases: The FIRM agrees to indemnify and hold harmless API against any and all claims, costs, and expenses, including attorney's fees, for products ordered as listed above. In any case liability is limited to the amount paid under this agreement.

Miscellany: This Agreement shall be binding upon the parties hereto and constitutes the entire understanding between the parties. Signing this order form serves as an acceptance of all terms listed above. Price is good for 30 days. Sales tax may apply.

Agreed to by:

Client Signature: _____ Date: _____

Payment Method	<input type="checkbox"/> VISA	<input type="checkbox"/> M/C	<input type="checkbox"/> AMEX
Credit Card Number	Exp Date	Name On Card	Billing Address

Product: Quantity: Size: Paper Color: Paper Weight: Print Color: Bleeds: Special: Proofs: PRICE:	Product: Quantity: Size: Paper Color: Paper Weight: Print Color: Bleeds: Special: Proofs: PRICE:
Product: Quantity: Size: Paper Color: Paper Weight: Print Color: Bleeds: Special: Proofs: PRICE:	Product: Quantity: Size: Paper Color: Paper Weight: Print Color: Bleeds: Special: Proofs: PRICE:
Product: Quantity: Size: Paper Color: Paper Weight: Print Color: Bleeds: Special: Proofs: PRICE:	Product: Quantity: Size: Paper Color: Paper Weight: Print Color: Bleeds: Special: Proofs: PRICE: