

Dry Transfer Order



Due Date: _____

My Phone: _____

Company Name
Shipping Street Address
City State Zip #
Your Name
Your Signature

FedEx Account Number
<input type="checkbox"/> 1st Priority <input type="checkbox"/> Priority Overnight <input type="checkbox"/> 2-Day Super Saver
<input type="checkbox"/> Other:
Charge Account Number
Expiration Date Security Code
Account Holder's Name

Sheet #1	Sheet #2	Sheet #3
Sheet Size: _____	Sheet Size: _____	Sheet Size: _____
PMS Colors: _____ _____ _____ _____	PMS Colors: _____ _____ _____ _____	PMS Colors: _____ _____ _____ _____
Quantity: _____	Quantity: _____	Quantity: _____
Notes:	Notes:	Notes:

Sending Files: Via Email Via CD Via Courier Via FedEx/Mail

Fax order form to 310.496.0604 or email to cliff@cliffdigital.com

Ship My Files: Via FedEx Via Courier Via Cliff Delivery Via US Mail