KNG®

2102 East Karcher Road
Nampa, ID 83687
Phone: 1-800-888-6368
FAX: 1-800-300-6368

Source Key: _____

To ensure proper pricing please input source key from yellow box on back cover, near address.

Ship To:

Restaurant: _____

Phone: ( ) _____ Fax: ( ) _____

Street Address: _____

City, State, Zip Code: _____

E-mail: _____

Contact Name: _____

Mail / Fax Order Form

BBB Member

Item#	Description	Color	Size	Qty.	Unit Price	Total Price

Shipping charges will be added to your order amount. If you would like to know what the shipping charges are in advance please call 1-800-888-6368. Or, we will contact you prior to adding the shipping charges to your credit card or running your check as an E-check with the additional shipping charges.

Prices subject to change without notice. Take the hassle out of returns, check out our policy at www.kng.com

For additional lines, please fax or mail us a second form.

Shipping Method

Ground ❏   2nd Day Air ❏
3rd Day Air ❏   Overnight ❏

There is a $5 service charge for orders under $15.

Sub-Total _____
Shipping Charges will be added to order total _____
Tax (ID only) _____
TOTAL _____

Embroidery   Design#: _____   Name: _____   Typestyle: _____   Thread Color for Name: _____   Embroidery Placement: _____

Fine Dining or Cafe Menu Covers   Item#: _____   Quantity: _____   Color: _____   Vinyl: Matte ❏ Glossy ❏   Corners: Gold ❏ Silver ❏

Fine Dining Stamping   Foil Stamp Color: Gold ❏ Silver ❏ Red ❏   Logo: Custom ❏ Typeset ❏   Name to be Typeset: _____   *For Custom Die information, see page 28 or visit the web at http://www.kng.com/art*

Payment Method: Check # _____

VISA _____   Master Card _____   Am Exp _____   Discover Card _____

Card Number [ ][ ][ ][ ][ ] [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]   Expiration Date [ ][ ][ ][ ]

Signature _____

PRINT Name _____

For FAX orders paid by check, please fax a copy of check. Your check will be deposited electronically.

Your Name
Address
City, State Zip
101
Date _____
PAY TO THE ORDER OF _____ $ [ ]
_____ Dollars
YOUR BANK NAME
Memo _____
|: 210678772|: 10321547890'' 101
Ⓐ Ⓑ

E-Check - **What we need from your Check**

Bank Name _____

Signature _____

A) 9 Digit Routing Number [ ][ ][ ][ ][ ][ ][ ][ ][ ]

B) Account Number [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]