

ORDER FORM

Call in, fax or email your your order form: tel 1-800-660-4972 fax 1-803-339-4119 amigraphics2001@accurategelpacks.com

For first time customers: If you choose to get the packs personalized, please call us at 800-660-4972 so that you may tell us exactly how you would like your personalization to read. Based on your instructions, we will produce a proof and fax you an approval form. If there are any changes, they can be manually made on the fax form and faxed back to us for corrections. As soon as we receive your approval, we will proceed with printing. Please allow 2-3 business days between the time your order is placed and the time you receive your proof. Typical turnaround time for first time orders is 5-7 business days from the time the order is placed to the time it is received.

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DATE	CLINIC NAME		CONTACT PERSON			
PHONE		FAX		EMAIL		
SHIPPING ADDRESS: (FedEx cannot ship to a P.O. Box)				BILLING ADDRESS: Same as Shipping Address		
Street:				Street:		
City:		State: Zip:		City:	State: Zip:	
Size		Case Qty	Personalized (Yes / No)	Print Color*	Gel Color	Sleeve Qty
☐ Check box if you are getting "Happy Healers"® and would like them individually wrapped (\$6 per case)				*Black print is standard; white, blue, red & green print is an additional .10 cents per pack. (Because of the transparency of the packs, print colors can be altered based on your gel color selection.)		
Check box if you are getting sleeves and want them screen printed						
Check box if your current personalization has changes				TOTAL:		
NOTES						
CREDIT CARD DETAILS: Name (as it appears on card) Credit Card Type (select one)						
Name (as it appears on card)				Credit Card Type (select one) ☐ Visa ☐ MasterCard ☐ Discover ☐ AMEX		
Credit Card #		Exp Date (mm/yy)	CCV#	Credit Card Billing Address Same as Billing Address above		