

NALGENE SILKSCREEN AGREEMENT

DATE: _____

PO/REFERENCE #: _____

DEALER/COMPANY: _____

CONTACT: _____

PHONE: _____

EMAIL: _____

NEED BY DATE: _____

SHIP TO ADDRESS:

PAYMENT: *100% Prepayment is required for all custom orders. We must have prepayment before an art proof can be generated.*

CHECK HERE IF CARD IS ON FILE

LAST 4-DIGITS _____

CHECK HERE TO CALL IN CARD NUMBER

CREDIT CARD: _____

EXPIRATION DATE: _____

SECURITY CODE: _____

COMMENTS:

SIGNATURE: _____

NALGENE SILKSCREEN ORDER FORM

Office Use Only:
Liberty Mountain PO: _____
Store Name: _____
Previous PO: _____

BOTTLE SCREENING INFO:

1. BOTTLE QUANTITY: _____
2. INK COLOR/S: _____ *(Please include coated "C" pantone/PMS colors.)*
3. MEASUREMENT SCALE PRINTED ON BOTTLE? _____
4. BPA FREE LOGO PRINTED ON BOTTLE? _____
5. ARTWORK PLACEMENT: _____

6. BOTTLE & CAP COLOR COMBINATIONS:

QUANTITY	BOTTLE TYPE	BOTTLE COLOR	CAP COLOR	INK COLOR (s) (C Pantone Color)	LOGO (if multiple logos)

Additional Design Comments:

CHECK HERE TO ADD UPC STICKERS. EXPLAIN BELOW.