

**Bell Enterprises, LLC**  
*Keytag.com*

**PO Box 541**  
**Monroe, WI 53566**  
**Phone 800-533-8247 Fax 608-328-3424**

**BILL TO:**

**Name:**  
**School or Company:**  
**Street Address:**  
**City, State, Zip Code:**

**CONTACT INFORMATION:**

**Advisor Name:**  
**Phone:**  
**Fax:**  
**E-Mail:**

*If your school has a high spam filter & blocks graphics please provide a second e-mail address.*

# Fax / Mail-In Order Form

*Fill in form, Print and mail or fax*

**P.O. #:**  
**Date:**

**SHIP TO: (IF DIFFERENT THAN BILLING ADDRESS)**

**Name:**  
**School or Company:**  
**Street Address:**  
**City, State, Zip Code:**

**OTHER INFORMATION:**

**Event Date:**  
**In Hands Date:**

*We will contact you by e-mail or phone if we have any questions with your order.*

ITEM #	QTY	DESCRIPTION (INCLUDE COLOR & IMPRINT COLOR)	UNIT PRICE	TOTAL
<ul style="list-style-type: none"> <li>▪ Include Slogan number &amp; imprint color for 2nd side imprint.</li> <li>▪ Imprint Color: Silver &amp; Gold are the standard imprint colors, but many others are available.</li> <li>▪ Custom 2nd side imprints &amp; 2nd colors require additional set-up charges.</li> </ul>			SET-UP CHARGE NUMBERING 2ND SIDE/COLOR RUN CHARGE OTHER TOTAL	     

**Shipping Charges will be added to your order except for glassware, which has free shipping.**

**Use box on right to draw layout / text to be printed or engraved:**  
**Attach art or call for available art.**  
**Use separate sheet if more room is needed.**

VISA or MasterCard accepted:

Card Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Expiration date: \_\_\_\_\_ CVC \_\_\_\_\_

Wisconsin shipping address will require that Wisconsin Sales Tax be added to order or include tax-exempt number.

Attention Institutions: We accept purchase orders in place of prepayment. Please include Purchase Order Number and/or copy.