



National Band & Tag Company  
INTERNATIONAL IDENTIFICATION INC.

*Family Operated Since 1902*

# ORDER FORM

SEE NOTES ON BACK

Billing/Company Address			
Name/Title	Acct. #		
Ordered By			
Company/Clinic			
Street, PO Box <small>(Billing address)</small>			
City	State	Zip	
Phone	Fax		

Delivery Address (If different from "Billing Address")			
Name/Title			
Company/Clinic			
Street <small>(UPS requires a street address, not a PO Box number)</small>			
City	State	Zip	
Phone	Fax		
How did you hear about us?			

Email
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Today's Date	Date Delivery Req'd	Purchase Order No.	Reference Order No.

Shipping Method		Choose One: <input type="checkbox"/> USPS <input type="checkbox"/> UPS <input type="checkbox"/> FedEx <input type="checkbox"/> DHL	Shipping Account #
		Choose One: <input type="checkbox"/> Standard <input type="checkbox"/> Next Day <input type="checkbox"/> 2nd Day	

Quantity	Style	Size	Color	Material	Item Name	Number Series		Special Stamping <small>Special Dimensions, Holes, Etc. May we abbreviate, if necessary <input type="checkbox"/> Yes <input type="checkbox"/> No</small>	Weight	Unit Price	Totals		
						Starting Number	Ending Number						
Shipping Total						\$						Total	\$

Card Number

Exp. Date: Month / Year     Security Code

Cardholder's Name \_\_\_\_\_  
Billing Address (if different from above) \_\_\_\_\_  
\_\_\_\_\_