



SALES AND MARKETING MATERIALS ORDER FORM

ORDERED BY:

Date of Order: _____

Resort #/Name: _____

Contact Name: _____

Phone Number: _____

Fax Number: _____

SHIP TO:

Resort Number: _____

Resort Name: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

QTY	ITEM #	ITEM DESCRIPTION
		(place items to order in this space)

SHIPPING TERMS (PLEASE CHECK ONE)

Ground
 2nd Day
 Overnight

PAYMENT TERMS (PLEASE CHECK ONE)

Check* COD
 Credit Card*
*Orders placed on hold until payment received

CREDIT CARD INFORMATION (CIRCLE ONE) VISA MC AMEX DISCOVER

Credit Card #: _____ Exp. Date ____ / ____

Name as Appears on Credit Card: _____

MESSAGE:

64 INVERNESS DRIVE EAST • ENGLEWOOD, CO 34232 FAX 303-728-7312