

customshapepros™

Order Form

In accordance with the terms and conditions of the Custom Die Agreement between the Customer named below and TEK Industries, Inc. d/b/a/Custom Shape Pros dated _____, _____,

Customer submits the following information:

Die Design Name _____ Is design attached? Yes No

Customer's Name _____

Business/School Name _____

Address _____ P.O. Box _____

City _____ State _____ ZIP _____

Daytime Telephone _____ Fax _____

Customer No. (if available) _____

Customer Signature _____

Payment information:

Purchase Order (Must have credit terms established)

Purchase Order Number _____

OR

Credit Card

Credit Card Type Mastercard Visa Discover AMEX Other _____

Credit Card Number _____

Expiration _____ Card Verification Code _____

Name on Credit Card _____

Credit Card Billing Address _____

TEK Industries, Inc., d/b/a Custom Shape Pros Representative

Signature _____ Title _____ Date _____