

Date:

Step 1: Contact/Billing Information

Bill to: Contact Name: _____ E-mail: _____

Bill to: Company: _____ Phone: - -

Shipping Address: _____ Fax: - -

City: _____ Prov/State: _____ Postal/Zip:

Step 2: Drink Ticket Information

(Leave any field blank if not applicable)

Text on Drink Ticket _____

Price on Drink Ticket _____

(Please keep in mind; Drink Tickets are 1" x 2" so space is limited)

Please include a graphic of a: _____

Please include a special graphic as emailed to tickets@vtix.com (digital format: black and white jpeg, gif, tiff, pdf, bmp)

Step 3: Other Information

Number of Tickets Required: Starting Number:

Ticket Colour: (check one) Red Blue Green Purple Orange Yellow

Step 4: Shipping Instructions

Same as billing address Tickets will be picked up Please arrange delivery Delivery Options:

Shipping Address: _____ Same day

City: _____ Prov: _____ Postal: Overnight

Step 5: Payment Instructions

I will be paying by: (check one) Visa M/C Cheque Cash Debit (tickets must be paid in advance of shipment or at time of pickup)

Name on Card: _____

Card #: Expiry Date: