

Date:

Step 1: Contact/Billing Information

Bill to: Contact Name: _____ E-mail: _____
 Bill to: Company: _____ Phone: - -
 Shipping Address: _____ Fax: - -
 City: _____ Prov: _____ Postal:

Step 2: Printed Information

(Leave any field blank if not applicable)

Text Required: _____

Date of Event: _____ Time of Event: _____

Wristband Price: _____ Other: _____

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: Wristband Information

Number of Wristbands Required: Starting Number:

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

Step 4: Shipping Instructions

Same as billing address Wristbands 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 (wristbands must be paid in advance of shipment or at time of pickup)
 Name on Card: _____
 Card #: Expiry Date: