

# INSTRUCTIONS

Name \_\_\_\_\_

Address \_\_\_\_\_  
(No P.O. Boxes)

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ + \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Check/M.O. Enclosed

Visa  MC  Disc Exp. \_\_\_\_\_

Credit Card # \_\_\_\_\_

Order by Phone or Fax 814-835-4619

Email: [sales@kingpinawards.com](mailto:sales@kingpinawards.com)

