

BALLOONS TOMORROW™ ORDER FORM

3590 Utah Avenue N.E., Iowa City, IA 52240

Ph: (800) 343-4347 Fax: (319) 643-5773

E-mail: art@balloonstomorrow.com <http://www.balloonstomorrow.com/>

This is an optional order form, please call our 800 # for faster service!

Contact Information	Shipping Information
Name: _____	Name: _____
Address: _____	Address: _____
City: _____	City: _____
State: _____	State: _____
Zip Code: _____	Zip Code: _____
Phone/Fax: _____	Phone/Fax: _____

BALLOON ORDER INFORMATION				
Quantity:	Size:	Ink Colors:	Balloon Colors:	Additional Comments:
Type: <input type="checkbox"/> Foil <input type="checkbox"/> Punch <input type="checkbox"/> Latex <input type="checkbox"/> 36" Jumbo <input type="checkbox"/> Photo	Special Shapes: <input type="checkbox"/> Soccer <input type="checkbox"/> Golf <input type="checkbox"/> Basketball <input type="checkbox"/> Baseball <input type="checkbox"/> Football	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

BALLOON DESIGN AND TEXT	
<input type="checkbox"/> Copy set →→→→→ at Factory <input type="checkbox"/> Emailed artwork to: art@balloonstomorrow.com <input type="checkbox"/> Faxed artwork: 319-643-4252	→→→→→→→→→→ Copy Set at Factory: Side 1: _____ _____ Side 2: _____ _____ _____ <input type="checkbox"/> Block <input type="checkbox"/> Script <input type="checkbox"/> Upper & Lower Case <input type="checkbox"/> All Caps

SHIPPING METHOD	
<input type="checkbox"/> <u>Next Day</u> - arrives next business day by 10:30am <input type="checkbox"/> <u>Second Day</u> - arrives 2nd business day by 5pm <input type="checkbox"/> <u>Ground</u> - arrives within 6 business days by 5pm <input type="checkbox"/> <u>Saturday</u> - for orders shipped on Friday, arrives Sat. by 5pm	When is your event date: _____ / _____ / _____

PAYMENT INFORMATION	<i>Thank you for your order!</i>
We need a credit card number in order to complete your order. Please fill out the form below as we need the card holder's signature to authorize charges made by Balloons Tomorrow™.	
Type of card to be charged: <input type="checkbox"/> Mastercard <input type="checkbox"/> Visa <input type="checkbox"/> Discover <input type="checkbox"/> American Express	
Credit Card #: _____ - _____ - _____ - _____	
Expiration Date: _____ / _____ / _____	
Authorizing Signature: _____	
PLEASE FAX THIS FORM TO: (319) 643-5773 YOU WILL BE CONTACTED BY PHONE BEFORE YOUR ORDER IS PROCESSED	