

THE SOURCE FOR
CUSTOM IMPRINTED PROMOTIONAL PRODUCTS



42 West 38th Street • Suite 1002
New York, NY 10018

Tel: 212-768-9434

Fax: 212-869-7368

e-mail: info@ngslater.com
website: www.ngslater.com

ORDER FORM

Please fill out this form as you go through the website. When complete either submit it by email, fax, or call to place your order. A member of our staff will contact you about payment. **Minimum quantity per order is 25 pieces / Minimum quantity per style is 25 pieces. Call for orders over 500 pcs.**

Name or Company: _____ Contact (if applicable): _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

Style	Quantity	Style	Quantity	Style	Quantity

Total # of Buttons _____ Total Price _____

PRICING GUIDE – ROUND BUTTONS

25 pcs - .95 each/ 50 pcs -.85 each/ 100 pcs - .75 each/ 250 pcs - .65 each/ 500 pcs - .55 each

Quantity	Total	Quantity	Total	Quantity	Total
25	\$23.75	200	\$150.00	375	\$243.75
50	\$42.50	225	\$168.75	400	\$260.00
75	\$63.75	250	\$162.50	425	\$276.25
100	\$75.00	275	\$178.75	450	\$292.50
125	\$93.75	300	\$195.00	475	\$308.75
150	\$112.50	325	\$211.25	500	\$275.00
175	\$131.25	350	\$227.50	1000	CALL

FREE SHIPPING ON STOCK ITEMS

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CREDIT CARD AUTHORIZATION FORM

I _____ hereby authorize N.G. Slater Corp to charge my credit card account in the amount of \$ _____ plus tax on orders shipped within New York.

CREDIT CARD INFORMATION

Credit Card Type: Amex MasterCard Visa Discover

Credit Card Number _____

Validation Code _____ Expiration Date _____

If you are using MasterCard, Visa, or Discover, include the last 3 digits of the cards validation code located on the back of the card

If you are using American Express, include the 4 digit validation code located on the front right hand side

Please choose from the below options:

Use this card for this order only Keep my credit card on file for use for ALL future order

Company Name: _____

Credit Card Billing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

As the credit card holder, I hereby authorize N.G. Slater Corp to charge my card as stated above.

Card holder's Signature: _____ Date: _____

PLEASE COMPLETE THIS FORM AND EMAIL OR FAX IT BACK TO (212) 869-7368