



**Maritime Graphics**  
**1424 Somerset Avenue**  
**Dighton, MA 02715**

**Phone: 800-883-7898**  
**Fax: 508-448-6120**  
**sales@maritimegraphics.com**

# Vacation Order Form

**MG Acct#** \_\_\_\_\_ **Date** \_\_\_\_\_  
 Agency Name \_\_\_\_\_  
 Street \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Agency Phone \_\_\_\_\_  
 Agent Name \_\_\_\_\_

<b>Drop Ship to Client \$5.00 charge</b>
Name _____
Street _____
City/St/Zip _____
Phone _____

Order by Fax/Mail \_\_\_\_\_

## Order Description

Order Quantity \_\_\_\_\_ Date Required \_\_\_\_\_

Order Type \_\_\_\_\_ Album Size \_\_\_\_\_  
 (Album/Cancellation/Bulk/SimpleSaver/Correction) (Large / Small)

## Personalization

**Passenger(s) Name** 1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_  
 4. \_\_\_\_\_  
 5. \_\_\_\_\_

Important: Type EXACTLY the way  
 you want them to read.  
 Example: "Mary & John Jones"  
 or "The Jones Family"

**Trip Start Date** \_\_\_\_\_ **Trip End Date** \_\_\_\_\_

**Occasion** \_\_\_\_\_ **Anniversary# or  
 Wedding Date** \_\_\_\_\_

**Locations Visited** 1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_

Maximum of three locations or countries

## Pricing Information

*Expedition Model (Large)* \$26.95 each  
*Shipping* 4.00 each  
*Sojourn Model (Small)* \$17.95 each  
*Shipping* 3.00 each

Quantity	<input type="text"/>	x	<input type="text"/>	=	<input type="text"/>
Shipping	<input type="text"/>	x	<input type="text"/>	=	<input type="text"/>
Special Services	<input type="text"/>			=	<input type="text"/>
	<input type="text"/>			=	<input type="text"/>
	<input type="text"/>			=	<input type="text"/>
IL & MA Tax if applicable	<input type="text"/>				<input type="text"/>
<b>Total Order Price</b>					<input type="text"/>

**DELIVERY TIME -**  
**ALLOW APPROXIMATELY 2 WEEKS**  
 Rush delivery charge \$ 6.00 (one calendar week)  
 Drop ship service charge \$5.00.  
**PAYMENT TERMS**  
 Full payment due with orders  
 Shipped by agreement to out of state.  
 Prices are subject to change without notice.

## Payment Method

Check    MasterCard    Visa    Amex    AmexCorp

Payment Method \_\_\_\_\_ Card # \_\_\_\_\_ Expiration \_\_\_\_\_

Name on Card \_\_\_\_\_ Signature \_\_\_\_\_