

Bill to:			
Contact name:			
Address:			
City:			
State:		Postal Code:	
Province/Territory:			
Country:			
Email:			
Cell phone:			
Day phone:			
Alt phone:			
Fax:			

Ship to:			
Contact name:			
Address:			
City:			
State:		Postal Code:	
Province/Territory:			
Country:			
Email:			
Cell phone:			
Day phone:			
Alt phone:			
Fax:			

Event name:			
Design name:			

Event Date:			
Date required:			

For reprints, you will need to send a copy or sketch of the artwork. If this has not been printed with in the last 3 years, we may not have your artwork on file.

Is this a reprint? Yes  No  If yes, when was this last printed?   
 What was the quote/invoice #

**You will not immediately receive prices by filling out this quote/order form. A quote will be emailed within 3 business days.**

**This order form is for the FULL COLOR printing process.**

Disc type	Minimum order	Quantity you want to order
Ultra-Star <b>FULL</b> print (maximum print area 10.5 inches)	25	
Ultra-Star <b>CENTER</b> print (maximum print area 6.75 inches)	25	
Mini Star (maximum print area 4.5 inches)	50	

SuperColor process is printed on white discs only. You can order any quantity over the minimum.

If you are a USAU or Ultimate Canada Member, we will need your name and current member number before a discount will be given. Bill to/Ship to person's USAU or Ultimate Canada member number must be current at the time the order form is submitted to get the discount. We will check the status of your membership. (You can not use somebody else's number)

USAU and Ultimate Canada discounts are ONLY available for Ultimate teams, leagues and tournaments.

Are you a current USAU member? Yes  No  Are you a current Ultimate Canada Member? Yes  No   
 USAU or Ultimate Canada member name:  USAU Member #   
 If you are a Canadian league, please put the league name and membership # if available. Canada Member #

Comments:

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Payment information: You can supply your information now or wait to receive the quote.

We accept Visa, MasterCard, Discover and Amex.

Person's name on card							
Billing address(where card statements are mailed)							
City		State		Postal code			
Province/Territory		Country					
Credit card number							
Expiration Date							
Security code							

**Please email or fax this completed order form to [ultimate@discraft.com](mailto:ultimate@discraft.com) or fax:248-624-2310**