## J\*Star 145gram www.discraft.com



	rev:	4/16/2021
Ph:248-624-2250	Fax:2	48-624-2310

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Bill to:			Ship to:		
Contact name	e:		Contact name:		
Address:			Address:		
City:			City:		
State:		Postal Code:	State: Postal Code:		
Province/Teri			Province/Territory		
Country:			Country:		
Email:			Email:		
Cell phone:			Cell phone:		
Day phone:			Day phone:		
Night phone:			Night phone:		
Fax:			Fax:		
Event na	ame:		Event Date:		
Design n			Date required:		
•	_	•	not be a reprint and new artwork will be needed.		
For reprints,	you will need to send	d a copy or sketch of the origin	ai design.		
Is this a repri	nt order? Yes		was this last printed?		
		What was th	ne quote/invoice #		
to get the dis	count. We will checl JSAU and Ultimate (	k the status of your membersh	er number must be current at the time the order form is submitted ip. (you can not use somebody else's number)  vailable for Ultimate teams, leagues and tournaments.  No No		
USAU or Ulti	mate Canada memb	er name:	Member #		
If you are a C	Canadian league, ple	ase put the league name and	membership # if available.		
		This order/quote form	is for the 145 gram J*Star		
Disc Quantity	Disc Color	#1 Hot Stamp Color			
	White	art description here	Minimum order is 50 discs with a 1 color stamp. Processing		
	vviiite		time is usually 4-6 weeks from receipt of your order(once we		
			receive your order, artwork and payment).		
	Misprints of your design are available and are \$3.50 each. Misprints are available up to 5 discs per 100 discs				
	ordered with a max	imum of 20. Enter the total mis	sprints requested to the left.		
0	Disc Total. This do	pes not include the misprints.			
Disc and hotstamp color combinations					
		50-99 F	Piece order		
1 Color desig	n You r	may choose up to 1 disc color	and 1 hotstamp color		
			Piece order		
1 Color desig	n You r	nay choose up to 2 disc colors	and 2 different hotstamp colors(maximum of 2 combinations)		
1 Color desig			RE Piece order		
	ın Your	nay choose up to 3 disc colors	and 3 different hotstamp colors(maximum of 3 combinations)		

Payment information. You can sup	ply your	information now or wa	ait to receive the quote.	
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 form to ultimate@discraft.com or fax: 248-624-2310

riease put any special notes for this order/quote request here.
Please email or fax this completed form to ultimate@discraft.com or fax: 248-624-2310