



FAX

FAX to: 1-519-893-4760

From: Your Name _____

1. Color Choice



or



2. Print your Text :

Line 1 _____

Line 2 _____

Line 3 _____

Line 4 _____ (Optional)

24 characters max per line. Spaces, dots, dashes, etc are characters.
Please use upper case and lower case as you want the text to appear on the label.

3. Enter Your Mailing Address:

Name _____

Street & Appt _____

City/Town _____ State/Prov _____ ZIP/Postal Code _____

4. Ordering:

I am ordering ____ set(s) of 20 of identical polyester golf club labels.

I authorize a payment of \$ 8.95 per set to golfID.ca.

I am 18 years of age or older. Signature

5. Credit Card Information

Name:
(As it appears on the credit card)

Credit Card Number:

Payment Type: VISA MasterCard Credit Card Expiry Date: MM / YY