Party 411 Ticket Invitations Order Form

Fax to (216) 514-0970..... Questions... (877) 514-8411
Mailing Address: Party411.com 4949 Galaxy Parkway Suite G Cleveland, OH 44128
Occasion:_____ Event Date _____ Date Needed In Hand _____

Billing Address:

Name_____

Company *(If applicable)* _____

Street_____

City_____State_____

Zip_____ Phone (W) ( )_____ __

(H) ( )_____ __

e-mail address for proof:_____

Fax ( )_____ __

Ship to (if different than Billing):

Name_____

Company *(If applicable)* _____

Street _____

City_____State_____

Zip_____ Phone (W) ( )_____ __

(H) ( )_____ __

Color: *Check One*

____Blue ____Green ___Pink ____Red ____ Purple ____Yellow ____Orange

Center of Ticket (Title/Middle Section of Ticket)

Line 1 _____ (24 or less Characters or Spaces)

Line 2 _____ (24 or less Characters or Spaces)

Line 3 _____ (24 or less Characters or Spaces)

Line 4 _____ (24 or less Characters or Spaces)

Line 5 _____ (24 or less Characters or Spaces)

Line 6 _____ (24 or less Characters or Spaces)

RSVP # If desired_____

Please tell us a little about your event. For example, will food be served? Include any information that you would like printed on the ticket. We use the information that you provide to complete the sides of the ticket.

_____

_____

Minimum order, 30 invitations (invitations include matching colored envelopes)

I would like to order _____ Ticket Invitations @ $ 1.29 each $ _____
I would like to order _____ Magnet Backers at $1.00 each (assembly required) $ _____
Packing and Handling @ $5.95 $ 5.95
Shipping Method ___UPS ground $8.50 ___UPS 3 Day Select $13.50 $ _____
___UPS Next Day Air Saver $25.50

Card #_____Expires: ____/____ Total $_____*

3 digits on back of Visa/MC/Discover card _ _ _ 4 digits on front of American Express card _ _ _ _

Signature _____