

Holiday Inn Corporate Merchandise Order Form

Billing Information:

Holidex Code: _____
 Ordered by: _____
 Hotel Name: _____
 Address: _____
 City: _____
 State: _____ Zip Code: _____
 Phone: _____
 PO# _____

Ship To: check if same as billing address

Hotel Name: _____
 Name: _____
 Address: _____
 City: _____
 State: _____ Zip Code: _____
 Phone: _____

Imprint Information

! Locator, phone and website information is not available on all products, please refer to catalog item for more information.

Locator: _____

Phone: _____

Website: _____

Comments: _____

Event/In-Hands Date: _____

Email: _____

Item #	Brief Description	Size (Apparel)	Color	Imprint	Qty	Setup	Price	Total	
				<input type="checkbox"/> Locator <input type="checkbox"/> Phone <input type="checkbox"/> Website					
				<input type="checkbox"/> Locator <input type="checkbox"/> Phone <input type="checkbox"/> Website					
				<input type="checkbox"/> Locator <input type="checkbox"/> Phone <input type="checkbox"/> Website					
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				<input type="checkbox"/> Locator <input type="checkbox"/> Phone <input type="checkbox"/> Website					
				<input type="checkbox"/> Locator <input type="checkbox"/> Phone <input type="checkbox"/> Website					
								Total	

Sales tax is only charged on orders shipped to Georgia. Sales tax is based on your county. Method of shipping: UPS Ground. Actual ground UPS shipping will be added to your invoice.

Authorized Provider


For customer service, call 800-981-6536 or e-mail HI-CMP@communicorp-inc.com.
 Please e-mail or fax order forms to 706-596-3040.