Regalia MFG. CO.

ORDER BLANK

All Orders Shipped F.O.B. Rock Island, Illinois

Date of Event _____

Acct Number _____ Date Wanted _____ Date _____

Acct Name _____ Place _____

Attn. _____ Ship to _____

Address _____

Mail Invoice to: _____

Address _____

City, State, Zip _____

Ordered By _____ Signed By _____

Daytime Phone No. _____

Total Quantity	Article No. And Name	Size	Break-Down Quantity 1st, 2nd, etc.; Ch., Rec. Ch.,; Participant or Award	

SPECIAL COPY and SEAL desired for special imprint items or ENGRAVING COPY

REMEMBER! Complete, Correct Information Will Expedite Your Order. THANK YOU!

REGALIA MANUFACTURING COMPANY

All New Accounts - Require Cash With Order