



Rep_____

Date _____

CO-BRANDED POSTER ORDER FORM

COMPANY NAME

CUSTOMER ID #

COMPANY ADDRESS (FOR SHIPPING)

CITY/STATE/ZIP

CONTACT (PERSON PLACING ORDER)

E-MAIL

TELEPHONE

CO-BRANDED POSTER	DESIRED QUANTITY (MINIMUM ORDER 25)	CO- BRANDED UNIT PRICE	TOTAL
Non-Laminated Co-Branded California and Federal Employment Poster (ALL required employer notices on one poster).	English _____ Spanish _____		
Laminated Co-Branded California and Federal Employment Poster	English _____ Spanish _____		
*Freight will be calculated after quantity is determined.		Subtotal	
		SHIPPING*	
		ORDER TOTAL	

NO RETURNS

****50% Deposit is Required**

METHOD OF PAYMENT

☐ Bill me for balance (information above must be completed)

☐ Check enclosed for \$ _____ (Please make payable to California Chamber of Commerce)

☐ Call 1-800-331-8877 to provide credit card payment.