



Contract Filled Order Form

rainshadowlabs 300 Port Ave. St. Helens, OR 97051 • P: 503.366.3413 • F: 503.366.3400

Please fill out and submit completed forms to your Account Representative

Contact Information

Customer Number: _____
 Company Name: _____ Contact: _____
 Phone: _____ Email: _____
 Attn: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____

Shipping Information

Ship to Business Name: _____
 Ship to Contact Name: _____
 Ship to Address: _____
 Ship to City: _____ State: _____ Zip Code: _____

Order Details

Expiration Date to be inked (applicable only if stated on original quote): _____

Include Production Sample?: Yes No

1) Item Code: _____ Description: _____
 Number of filled items requested: _____
 Description of packaging as described on your quote:

2) Item Code: _____ Description: _____
 Number of filled items requested: _____
 Description of packaging as described on your quote:

3) Item Code: _____ Description: _____
 Number of filled items requested: _____
 Description of packaging as described on your quote:

4) Item Code: _____ Description: _____
Number of filled items requested: _____
Description of packaging as described on your quote:

5) Item Code: _____ Description: _____
Number of filled items requested: _____
Description of packaging as described on your quote:

6) Item Code: _____ Description: _____
Number of filled items requested: _____
Description of packaging as described on your quote:

7) Item Code: _____ Description: _____
Number of filled items requested: _____
Description of packaging as described on your quote:

8) Item Code: _____ Description: _____
Number of filled items requested: _____
Description of packaging as described on your quote:

Allow 8 weeks to process custom filled orders.
If your order requires customer provided supplies, this time frame does not begin until all items have been received by our facility.

Please submit completed forms as an email attachment to your Account Representative

If you are having difficulty filling out or emailing this form, please feel free to print and fill it out. Send printed forms to your Account Representative via scanner or fax it to (503) 366-3400.
If you have any further questions, please call us at (503) 366-3413.