



IFB - INTERNATIONAL FIGHT BELTS

"CHAMPIONSHIP BELTS FOR REAL CHAMPIONS"

P. O. Box 1205 - 9250 Cypress Street, Newcastle, CA, 95658
(916) 663-2467 - F: (916) 663-4510 - belts@fightbelts.com - www.FightBelts.com

BELT ORDER FORM

YOUR NAME: _____ EVENT DATE: ____ / ____ / ____

PHONE: (____) _____ E-MAIL: _____

NUMBER OF BELTS ORDERING: _____ DATE YOU NEED BELT(S): ____ / ____ / ____

SHIPPING ADDRESS: _____

SHIPPING CITY: _____ STATE: _____ ZIP: _____

PLEASE CHECK THE BOXES THAT ARE FOR *THIS BELT ORDER

(*) If more than 1 belt, and belts are different, please use a separate form for each belt.

BELT STYLE

CHECK CUSTOM CLASSIC #

1 2 3 4 5 6 7

OR CHECK CUSTOM IDEA #

1 2 3 4 5

METAL COLOR

GOLD SILVER/CHROME (Add \$35)

SIDE MEDALLION SHAPE

ROUND LONG TRIANGLE (Add \$35)

OTHER CUSTOM STYLE DISCUSSED OR SUBMITTED.

LEATHER COLOR (*) Additional Fee of \$50 Per Belt

BLACK WHITE *OTHER: _____

SPECIAL ORDER DETAILS – Belt Trim Is Same Color As Main Leather – Add On Fee To Change.

JEWEL COLORS

RED BLUE (Add \$35)

TRIM COLOR ADD ON - Additional Fee of \$50 Per Belt

BLACK RED BURGUNDY OTHER: _____

SPECIAL DETAIL NOTES: _____

YOUR CUSTOM CENTER MEDALLION ARTWORK

You are e-mailing us your Artwork. You need us to design your artwork for you.

SIDE MEDALLION LETTERING: Please submit what you want on your LEFT SIDE Plate (As you look at the front of the belt) and RIGHT SIDE Plate by e-mail. Left side is usually Promotion Name, Event Name, Event Date, Event Location and Right Side is usually the title the belt is for.

Please scan and e-mail this form to belts@fightbelts.com or fax to 916.663.4510. Once received, we will contact you for additional details of your belt along with payment & shipping information.

Thank you For Your Order.

IFB, P.O. Box 1205, 9250 Cypress Street, Newcastle, CA, 95658, USA - (916) 663-2467 - FAX: (916) 663-4510

YOUR STATEMENT WILL SAY "FOSTER GRAPHICS" WHICH IS OUR GRAPHICS DEPARTMENT

PLEASE PRINT NEATLY! CIRCLE OR CHECK ONE: _____ VISA -OR- _____ MASTERCARD

CC#: _____

PHONE: (____) _____

YOUR SIGNATURE: _____

AMOUNT TO CHARGE

\$ _____
+S/H Fees To Be Confirmed

CARD EXPIRES

DATE ____ / ____

3 DIG SEC CD: _____ - _____ - _____