

Signage Order Form

Fax Your Order: 847-537-1120

Please use one order form for each different sign style.

PAGES (including cover sheet) _____

INTEROFFICE USE ONLY:	
SOURCE CODE	DATE
PURCHASE ORDER NO.	INITIALS

DESCRIPTION	MODEL NO.	COLOR CODE (See pg. 43)	IMPRINT: (Print EXACTLY as copy is to appear on sign. Attach extra sheets for any additional nameplate copy.)	PRICE
SIGN #1 Frame				
	Nameplate			
	2nd Line of Copy*			
SIGN #2 Frame				
	Nameplate			
	2nd Line of Copy*			
SIGN #3 Frame				
	Nameplate			
	2nd Line of Copy*			

*Add Model No. and price for each additional line (see page 43).

Applicable freight and service charges will be added to your invoice.

Thank you for your order!

TOTAL

MOUNTING OPTIONS:

Desk Signs

- Cork Base (Standard)
- Double-Faced Adhesive (optional)

Wall Signs

- Double-Faced Adhesive (Standard)
- Hook and Loop Fastener Backing (optional)
- Double Pin Mounts (optional)
Model No. 283700100. Add \$3.85 per sign.

ENGRAVED TYPEFACES

Unless otherwise specified, uppercase, Gothic typeface will be centered on nameplate.

- GOTHIC (Standard)
- Gothic Italic
- Helvetica Medium
- Helvetica Medium Italic
- Clarendon
- Clarendon Italic
- Optima Bold
- Optima Bold Italic
- Times Bold
- Times Bold Italic

VINYLETTER™ TYPEFACES

(For Signs on pages 40-41 only) Unless otherwise specified, upper/lower case, Helvetica Medium typeface will be flush left on nameplate.

- Helvetica Medium (Standard)
- Helvetica Medium Italic
- Clarendon
- Clarendon Italic
- Optima Bold
- Optima Bold Italic
- Times Bold
- Times Bold Italic

LETTERING CASE:

- Upper & Lower Case
- UPPERCASE only
- lowercase only

POSITION ON NAMEPLATE:



- Flush Left
- Centered

** Orders for signage have a \$15.00 net minimum per order and a \$4.00 net under minimum handling charge.

SOLD TO:

ACCOUNT #: _____ P.O. # _____

NAME: _____

ADDRESS: _____

CITY / STATE / ZIP+4 CODE: _____

PHONE: _____ FAX: _____

E-MAIL: _____

I have verified quantity, description, imprint and price. I am aware that custom-made orders are not returnable. DATE: _____

NAME: _____ (Please print)

SIGNATURE: _____

SHIP TO:

Complete only if order is to be shipped to a different address than the "sold to" location (we cannot ship to a P.O. Box)

NAME: _____

ADDRESS: _____

CITY / STATE / ZIP+4 CODE: _____

PHONE: _____ FAX: _____

METHOD OF SHIPMENT:

- BEST WAY (orders will be shipped UPS, Parcel Post, or Truck to assure fast delivery)
- OVERNIGHT SERVICE 2ND DAY SERVICE (additional charges will apply)
- SPECIAL ROUTING _____

ALL SHIPMENTS F.O.B. BRISTOL, TN OR FACTORY WAREHOUSE