

# PLAQUE ORDER FORM

## CUSTOMER INFORMATION:

CUSTOMER PO#: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

NOTE: S = Additional Charge

Maximum document area: 20"x25"

DESCRIPTION OF DOCUMENT (EX: CERTIFICATE, DIPLOMA, MAGAZINE ARTICLE, ETC.)	TOTAL # OF DOCUMENTS ON PLAQUE	TOTAL # OF PLAQUES

1. PLAQUE STYLE	2. PLAQUE COLOR	3. TRIM	4. BEVEL	5. FINISH	6. MOUNTING (\$) – (If none, skip section)
<input type="checkbox"/> Standard <input type="checkbox"/> Clean Cut (Skip to #5) <input type="checkbox"/> Autograph <input type="checkbox"/> Stand-Up with Matching Base <input type="checkbox"/> Hook <input type="checkbox"/> Full Face Plate <input type="checkbox"/> Brag Board <input type="checkbox"/> Chalkboard <input type="checkbox"/> Golf <input type="checkbox"/> Pocket <input type="checkbox"/> Clock <input type="checkbox"/> Pet Memorial <input type="checkbox"/> Shelf <input type="checkbox"/> Acrylic (call us)	<input type="checkbox"/> Blue <input type="checkbox"/> Black <input type="checkbox"/> Burl <input type="checkbox"/> Camouflage <input type="checkbox"/> Green <input type="checkbox"/> Mahogany <input type="checkbox"/> Oak <input type="checkbox"/> Orange <input type="checkbox"/> Pearl <input type="checkbox"/> Purple <input type="checkbox"/> Red <input type="checkbox"/> Walnut <input type="checkbox"/> White <input type="checkbox"/> Yellow	<b>Trim Color</b> <input type="checkbox"/> Gold <input type="checkbox"/> Silver <input type="checkbox"/> Black <input type="checkbox"/> White  <b>Trim Thickness</b> <input type="checkbox"/> 3/16" (Standard) <input type="checkbox"/> 1/8" (\$) <b>Double-Trim (\$)</b> Inside Color (1): _____ + Outside Color (2): _____	<b>Bevel Color</b> <input type="checkbox"/> Gold <input type="checkbox"/> Silver <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Walnut <input type="checkbox"/> Mahogany  <b>Bevel Thickness</b> <input type="checkbox"/> 3/4" Deluxe <input type="checkbox"/> 1/2" Slimline  <i>*Not available for Clean Cut Style selection</i>	<b>Texture</b> <input type="checkbox"/> Glossy <input type="checkbox"/> Matte <input type="checkbox"/> <b>Linen (\$)</b>  <b>Back-Side</b> <input type="checkbox"/> Slot <input type="checkbox"/> <b>Easel (\$)</b> <input type="checkbox"/> <b>Cord (\$)</b>	<b>Item – (This is provided by you)</b> <input type="checkbox"/> Golf Ball <input type="checkbox"/> Baby Mementos <input type="checkbox"/> Medals <input type="checkbox"/> Commemorative Coins <input type="checkbox"/> Apparel <input type="checkbox"/> Other: _____  <b>Engraved Plate</b> <input type="checkbox"/> Brass <input type="checkbox"/> Silver  <b>Engraved Plate Style</b> <input type="checkbox"/> Single Color Plate <input type="checkbox"/> Double Color Plate <input type="checkbox"/> Reverse Color Plate <input type="checkbox"/> Double Reverse Color Plate <b>If providing your own engraved plate:</b> <b>Extra Margin Needed on plaque? (\$)</b> <input type="checkbox"/> Top ( _____ ") <input type="checkbox"/> Bottom ( _____ ") <input type="checkbox"/> Left ( _____ ") <input type="checkbox"/> Right ( _____ ") <input type="checkbox"/> All 4 Sides ( _____ ")

Engraved Plate Wording: (Please write wording below – or- Email wording to [graphics@foxlaminating.com](mailto:graphics@foxlaminating.com) with order form attached.)

Note: \*Due to the heat process used there may be risk in using original documents. If there is any hesitation, we recommend using a copy.

Use Original\*:  Y  N

Make Copies & Return Original (\$):  Y  N

Digital File Provided For Use (\$):  Y  N

### Additional Options:

Horizontal Grain (\$)

Vertical Grain (\$)

EXACT FINISHED SIZE NEEDED (\$) \_\_\_\_\_

### SHIPPING INSTRUCTIONS:

Standard Shipping

Add Bubble Wrap (\$)

Tape Only – NO Staples\*

Ship on our UPS Acct:  Y  N

Ship on Customer Acct #: \_\_\_\_\_

Carrier: \_\_\_\_\_

Ship via:  Ground

Next Day Air

2<sup>nd</sup> Day Air

3 Day Air

Other

Ship By: \_\_\_\_\_

\* There is risk shipping this way. IF damage occurs, we will not be liable.

### BILLING ADDRESS

COMPANY: \_\_\_\_\_

ATTN: \_\_\_\_\_

ADDRESS 1: \_\_\_\_\_

ADDRESS 2: \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

PHONE: \_\_\_\_\_

### SHIPPING ADDRESS

Note: If you have multiple Drop Ships, YOU must provide Address Labels. If we prepare your labels, additional charges will be incurred.

COMPANY: \_\_\_\_\_

ATTN: \_\_\_\_\_

ADDRESS 1: \_\_\_\_\_

ADDRESS 2: \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

PHONE: \_\_\_\_\_