

PLAQUE ORDER FORM

CUSTOMER INFORMATION:

CUSTOMER PO#: _____

COMPANY NAME: _____

CONTACT PERSON: _____

PHONE: _____

EMAIL: _____

NOTE: (\$) = ADDITIONAL CHARGE

MAXIMUM DOCUMENT AREA: 20" X 25"

DESCRIPTION OF DOCUMENT (EX: CERTIFICATE, DIPLOMA, NEWSPRINT/MAGAZINE ARTICLE, ANNOUNCEMENT, SCORECARD, ETC.)	TOTAL 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 - 1/2" only (Skip to #5) <input type="checkbox"/> Autograph <input type="checkbox"/> Stand Up w/Base <input type="checkbox"/> Hook <input type="checkbox"/> Full Face Plate <input type="checkbox"/> Brag/Peg 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 <small>(call for available sizes)</small>	<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	<table border="1" style="width: 100%; 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ENGRAVED PLATE WORDING: (PLEASE WRITE WORDING BELOW – OR- EMAIL WORDING TO GRAPHICS@FOXLAMINATING.COM WITH ORDER FORM ATTACHED.)

NOTE: *DUE TO THE HEAT PROCESS USED THERE MAY BE RISK IN USING ORIGINAL DOCUMENTS. IF IT'S NEWSPRINT, GLOSSY OR COATED, WE RECOMMEND USING A COPY (\$).

Use original* : Yes No Make copy & return original (\$) : Yes No Digital file provided for use (\$) : Yes No

ADDITIONAL OPTIONS:

Horizontal Grain (\$)
 Vertical Grain (\$)
 EXACT FINISHED SIZE NEEDED (\$) _____

SHIPPING INSTRUCTIONS:

Standard Shipping
 Add Bubble Wrap (\$)
 Tape Only – NO Staples* (\$) (* There is risk shipping this way. IF damage occurs, we will not be liable.)

Ship on our UPS acct: Yes No If no - provide your acct. #: _____ Carrier: _____

Ship via: Ground Next Day Air 2nd Day Air 3 Day Air Other Ship by: _____

BILLING ADDRESS: SHIPPING ADDRESS:

COMPANY: _____	COMPANY: _____
ATTN: _____	ATTN: _____
ADDRESS 1: _____	ADDRESS 1: _____
ADDRESS 2: _____	ADDRESS 2: _____
CITY, STATE, ZIP _____	CITY, STATE, ZIP _____
PHONE: _____	PHONE: _____