PLAQUE ORDER FORM

FOX LAMINATING

84 CUSTER ST.
WEST HARTFORD CT 06110
860-953-4884

COMPANY NAME: _____ **CUSTOMER PO#:** _____

PHONE: _____ **CONTACT PERSON:** _____

NOTE: ($) = ADDITIONAL CHARGE **MAXIMUM DOCUMENT AREA: 20" X 25"** **EMAIL:** _____

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

1. PLAQUE STYLE

- ☐ Standard
- ☐ Clean Cut - 1/2" only (Skip to #5)
- ☐ Autograph
- ☐ Stand Up w/Base
- ☐ Hook
- ☐ Full Face Plate
- ☐ Brag/Peg Board
- ☐ Chalkboard
- ☐ Golf
- ☐ Pocket
- ☐ Clock
- ☐ Pet Memorial
- ☐ Shelf
- ☐ Acrylic (call for available sizes)

2. PLAQUE COLOR

- ☐ Blue
- ☐ Black
- ☐ Burl
- ☐ Camouflage
- ☐ Green
- ☐ Mahogany
- ☐ Oak
- ☐ Orange
- ☐ Pearl
- ☐ Purple
- ☐ Red
- ☐ Walnut
- ☐ White
- ☐ Yellow

3. TRIM

Color

- ☐ Gold
- ☐ Silver
- ☐ Black
- ☐ White
- ☐ No Trim

Trim Thickness

- ☐ 3/16" (Standard)
- ☐ **1/8" ($)**
- ☐ **Double-Trim ($)**

Inside Color: _____

+ Outside Color: _____

4. BEVEL

Color

- ☐ Gold
- ☐ Silver
- ☐ Black
- ☐ White
- ☐ Walnut
- ☐ Mahogany

Bevel Thickness

- ☐ 3/4" Deluxe
- ☐ 1/2" Slimline

5. FINISH

Texture

- ☐ Glossy
- ☐ Matte
- ☐ **Linen ($)**

Back Side

- ☐ Slot
- ☐ **Easel ($)**
- ☐ **Cord ($)**

6. MOUNTING ($) - IF NONE SKIP SECTION

Item - (This is provided by customer)

- ☐ Golf Ball
- ☐ Medals
- ☐ Apparel
- ☐ Baby Mementos
- ☐ Commemorative Coins
- ☐ **Other:** _____

Engraved Plates

Select the metal and style:

Brass
- ☐ Single
- ☐ Double
- ☐ Reverse

Silver
- ☐ Single
- ☐ Double
- ☐ Reverse

If providing your own engraved plate, do you need extra margin? **($)**

- ☐ Top: _____ Inches
- ☐ Left: _____ Inches
- ☐ Bottom: _____ Inches
- ☐ Right: _____ Inches

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:

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

SHIPPING ADDRESS:

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