



3200 Valleyview Drive Columbus, OH 43204
 PH: 614-279-6700 FX: 614-279-7525

CUSTOM ORDER FORM

CUSTOMER _____ CONTACT _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 PHONE _____ FAX _____
 EMAIL ADDRESS _____

**FOR OFFICE
USE ONLY**

ORDER DATE _____

SALES REP. _____

(Main Panel Part # Example: REP-20x30-2C)
 (Custom Rider Part # Example: REP-6x30-2C)

PLEASE FILL IN REQUIRED INFORMATION FIELDS BELOW

PRICING

DELIVERY	MAIN PANEL DESCRIPTION	20x30 QTY	18x24 QTY	OTHER QTY	PHOTO ON PANEL (Yes or No)	TOTAL
<input type="checkbox"/> HOLD FOR PICK-UP <input type="checkbox"/> CALL WHEN READY <input type="checkbox"/> DELIVER <input type="checkbox"/> UPS <input type="checkbox"/> OTHER _____	(TEXT COLOR AND BACKGROUND COLOR)					\$
	MUIRFIELD				No	\$
	HIGHLAND LAKES				No	\$
	MEDALLION				No	\$

CUSTOM RIDER DESCRIPTION (Websites must be Case Specific)	6x30 QTY	6x24 QTY	TEXT COLOR	BKGRD COLOR	TOTAL
					\$
					\$

PAYMENT METHOD	DELIVERY / MISC (If Applicable)	TOTAL
<input type="checkbox"/> CREDIT CARD (Circle One) VISA MC AMEX DISC # _____ EXP. DATE: _____ <small>By Providing the above Credit Card information, Custom Sign Center is hereby authorized to debit the account for the goods and services indicated on this Order Form. Thank you for your Order!</small>		\$
	TOTAL OTHER FORMS (If Applicable)	\$
	SUB TOTAL	\$
	TAX	\$

COMPLETED ORDER FORM MUST BE SENT TO:

Email: robin@customsigncenter.com
 Fax: 614-276-5356

COMPLETE ORDER TOTAL	\$
PRODUCT RECEIVED BY	DATE