



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

KELLER WILLIAMS 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-KW-RG)
 (Custom Rider Part # Example: REP-6x30-2C)

PLEASE FILL IN REQUIRED INFORMATION FIELDS BELOW

KELLER WILLIAMS

R E A L T Y

Each Office Independently Owned And Operated

← Brokerage Name
 ← Name
 ← Phone # or Website

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	RED / GRAY (STANDARD)					\$
<input type="checkbox"/> CALL WHEN READY	MUIRFIELD				No	\$
<input type="checkbox"/> DELIVER	HIGHLAND LAKES				No	\$
<input type="checkbox"/> UPS	MEDALLION				No	\$
<input type="checkbox"/> OTHER _____	OTHER <i>(indicate size & color)</i>					\$

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

PAYMENT METHOD	DELIVERY / MISC <i>(If Applicable)</i>
<input type="checkbox"/> CREDIT CARD <i>(Circle One)</i> 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 <i>(If Applicable)</i> \$
	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 _____
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