



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

# REMAX 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-REMAX-RB)  
 (Custom Rider Part # Example: REP-6x30-2C)

PLEASE FILL IN REQUIRED INFORMATION FIELDS BELOW

## For Sale

## RE/MAX

← Name  
 ← Optional Phone # or Website  
 ← Phone # w/Area Code

Brokerage Name →

## 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 / BLUE (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 &amp; color)</i>					\$

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

**PAYMENT METHOD**

CREDIT CARD *(Circle One)*    VISA    MC    AMEX    DISC

# \_\_\_\_\_ EXP. DATE: \_\_\_\_\_

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!*

DELIVERY / MISC <i>(If Applicable)</i>	\$
TOTAL OTHER FORMS <i>(If Applicable)</i>	\$
<b>SUB TOTAL</b>	\$
<b>TAX</b>	\$

COMPLETED ORDER FORM MUST BE SENT TO:

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

<b>COMPLETE ORDER TOTAL</b>	\$
PRODUCT RECEIVED BY _____	DATE _____