

PRINTS & IMPRESSIONS, INC.

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Job No.: Date Rec.: Date Due: Date Del.:

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Please fill out completely. Fax to (610) 530-0500 or Email to kurt@wm-signs.com

DATE:			
NAME:		TITLE:	
FIRM:			
ADDRESS:			
CITY:	STATE:		
PHONE:	EXT:		
PLATE SIZES: X LETTER SIZE: LETTER STYLE:	STICKY	ΓING HOLES: BACK:	DIAMETER/SIZE:
*MATERIAL COLOR:	MOUNTING HOLDER STYLE:		
MATERIAL THICKNESS:	BEVELED EDGES:		
JOB NO.:	ORDER NO.:	DRAV	VING NO.:
DESCRIPTION: (You can include a drawin	g via email or fax)		
CHECK ONE: PLEASE FILL ORDER PER	R SPECS QUOTE O	NLY	
SIGNATURE			DATE