



Brimar
IDENTIFICATION & SAFETY PRODUCTS

ENGRAVING ORDER FORM

P. O. Box 467 | 64 Outwater Lane, Garfield, NJ 07026 973-340-7889 | 800-274-6271 | Fax: 973-340-7809

BILLING ADDRESS

Ordered by: _____

Company _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Tel: _____ Fax: _____

SHIPPING ADDRESS

Company _____

Attention: _____

Street _____

City: _____ State: _____ Zip: _____

Tag or Job Name: _____

CUSTOMER #

E-MAIL

ORDERING DATA

Purchase Order #: _____ Order Date: _____ Ship Date Requested: _____

Shipping Method: UPS Reg. UPS 2nd Day UPS Next Day Other: _____

ENGRAVED NAMEPLATES ORDER BRIMAR USE

PART #	BKGD COLOR:	LETTER COLOR:	MATERIAL	PLATE SIZE	TEXT SIZE:	No. OF LINES	ADH.	HOLES	QTY	Unit Price	Extended Price
			<input type="checkbox"/> 1/16" 2-Play <input type="checkbox"/> 1/8" 3-Ply <input type="checkbox"/> Aluminum		_____ SPECIFY <input type="checkbox"/> TO FIT		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Text Justification: <input type="checkbox"/> Left <input type="checkbox"/> Center <input type="checkbox"/> Right			Hole Descrip: 2 on ends			2 top corners	4 holes				
			<input type="checkbox"/> 1/16" 2-Play <input type="checkbox"/> 1/8" 3-Ply <input type="checkbox"/> Aluminum		_____ SPECIFY <input type="checkbox"/> TO FIT		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
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Text Justification: <input type="checkbox"/> Left <input type="checkbox"/> Center <input type="checkbox"/> Right			Hole Descrip: 2 on ends			2 top corners	4 holes				
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Text Justification: <input type="checkbox"/> Left <input type="checkbox"/> Center <input type="checkbox"/> Right			Hole Descrip: 2 on ends			2 top corners	4 holes				

SPECIAL INSTRUCTIONS

CREDIT CARD INFORMATION

VISA MASTERCARD DISCOVER AMERICAN EXPRESS

Card Number _____

Expiration Date: ____/____/____
Month Year Name on Card _____

Billing Address of Credit Card _____

City _____ State _____ Zip _____

Card Holder Signature (required on purchases of \$150.00 or more.) _____

Sub Total	
Sales Tax (N.Y. & N.J. only)	
Freight Estimate (for Credit Cards)	
TOTAL AMOUNT \$	
NY COUNTY _____	
Tax Exempt:* YES NO	
Tax Exemption #: _____	

*If you have selected Tax Exempt, make sure to fax a copy of your Tax Exempt Certificate along with order form