



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		CUSTOMER #	SHIPPING ADDRESS	
Ordered by: _____ Company _____ Mailing Address: _____ _____ City: _____ State: _____ Zip: _____ Tel: _____ Fax: _____			Company _____ Attention: _____ Street _____ _____ City: _____ State: _____ Zip: _____ Tag or Job Name: _____	
E-MAIL				

ORDERING DATA

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

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

SPECIAL INSTRUCTIONS

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		<div>SPECIFY</div> <input type="checkbox"/> TO FIT		YES NO	YES NO				
Text Justification: <input type="checkbox"/> Left <input type="checkbox"/> Center <input type="checkbox"/> Right Hole Descrp: 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		<div>SPECIFY</div> <input type="checkbox"/> TO FIT		YES NO	YES NO				
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<div>CREDIT CARD INFORMATION</div> <div> <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> DISCOVER <input type="checkbox"/> AMERICAN EXPRESS </div> <div> Card Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </div> <div> Expiration Date: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </div> <div> <div>Month</div> <div>Year</div> <div>Name on Card</div> </div> <div>Billing Address of Credit Card</div> <div> <div>City</div> <div>State</div> <div>Zip</div> </div> <div>Card Holder Signature (required on purchases of \$450.00 or more.)</div>												
										Sub Total		
										Sales Tax (N.J. only)		
										Freight Estimate (for Credit Cards)		
										TOTAL AMOUNT \$		
										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 the order form												