

SIGNATURE SPECIMEN FORM

SHIP TO:

Company Name:		
Attn:		
Address		
City	State	Zip

Purchase Order #: _____

RUSH ORDER (Additional Charge)

Today's Date: _____

SIGNATURE PLATES / ETCHINGS

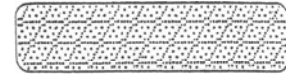
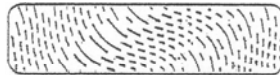
1. Manufacturer of Machine _____ 2. Model Number _____

3. Total Number of: Etchings _____ Plates _____ 4. Number of Signatures on Each Etching _____

5. Background Preference:

Finger Print

Dot



No Background or Border

Special (Custom) backgrounds are available. Submit a sample and we will call with a quotation.

6. Check Size: 3½" _____ 7" _____ 11" _____ 7. Trademark and/or Titles included: YES NO
(Black & White of logo required)

8. Signature Samples: Print name in spaces provided, then sign name below, keeping signature within the box. Check (X) preference to the left. Use black pen or fine felt marker.

PRINT NAME HERE

PRINT NAME HERE

PRINT NAME HERE

SIGNATURE

SIGNATURE

SIGNATURE

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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9. IMPORTANT! In adjacent box, illustrate the exact arrangement of signature(s) as they are to appear on etching. If trademark, title or phrase line are desired, insert in appropriate location.

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10. Mounting Options: Regular Reverse Unmounted-Etching(s) with sticky back
Mounted on Customer Supplied Plate Mounted on Factory Supplied Plate

PURCHASE ORDER REQUIRED WITH ALL SIGNATURE ORDERS