

**ORDER FORM**

Dealer Account # \_\_\_\_\_  
 Billing Name \_\_\_\_\_  
 Billing Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Billing Email \_\_\_\_\_  
 Billing Phone # \_\_\_\_\_

Order Date: \_\_\_\_\_  
 PO #: \_\_\_\_\_  
 Credit Card  Net 10 (requires prior credit approval)  
 Cardholder : \_\_\_\_\_  
 Credit Card #: \_\_\_\_\_  
 Exp: \_\_\_\_\_

**Shipping Instruction: Plate Options**

Ship to Dealer  Other  
 Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Ship Via \_\_\_\_\_

Leave wood margin for affixing customer plate (\$)  
 Add personalized laser engraved plate (\$)  
*Please complete Lines 1 - 4 below*

**Condition**

Excellent = No touch up required  
 Good = Requires some touch up (\$)  
 Fair = Requires substantial touch up (\$)  
 Poor = Requires very substantial touch up (\$)

**2" x 4.5" Plate Personalization**

Line 1 \_\_\_\_\_  
 Line 2 \_\_\_\_\_  
 Line 3 \_\_\_\_\_  
 Line 4 \_\_\_\_\_  
 Maximum of 20 Characters per Line Including Spaces

# Plaques	# Items per Plaque	Plaque Size	Date Needed	Rush
				<input type="checkbox"/> Yes (\$) <input type="checkbox"/> No

**Border Colors Bevel / Trim Colors Finish**

<input type="checkbox"/> Mahogany	<input type="checkbox"/> Natural	<input type="checkbox"/> Blue	<input type="checkbox"/> Black	<input type="checkbox"/> Silver	<input type="checkbox"/> Glossy
<input type="checkbox"/> Walnut	<input type="checkbox"/> Black	<input type="checkbox"/> Red	<input type="checkbox"/> Gold	<input type="checkbox"/> White	<input type="checkbox"/> Linen
<input type="checkbox"/> Maple	<input type="checkbox"/> Silver	<input type="checkbox"/> Other			

**Layout Diagram / Special Notes PlastiPlak Internal Use**

Layout diagram area with corner brackets and lines for notes.

PPORD #: \_\_\_\_\_  
 Notes:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\* Due to the delicate nature of heat lamination, we cannot be responsible for original documents  
 \* Each order **MUST** be on a separate form  
 \* All documents and details must be received prior to production  
 \* Send original documents to:  
**2915 South Congress Avenue, Delray Beach, FL 33445**



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