

PO # _____ OF _____

CUSTOMER NEW/EXISTING QSE STICKER YES/NO



Quality Service Since 1981



SIGN / LETTERING / DECAL

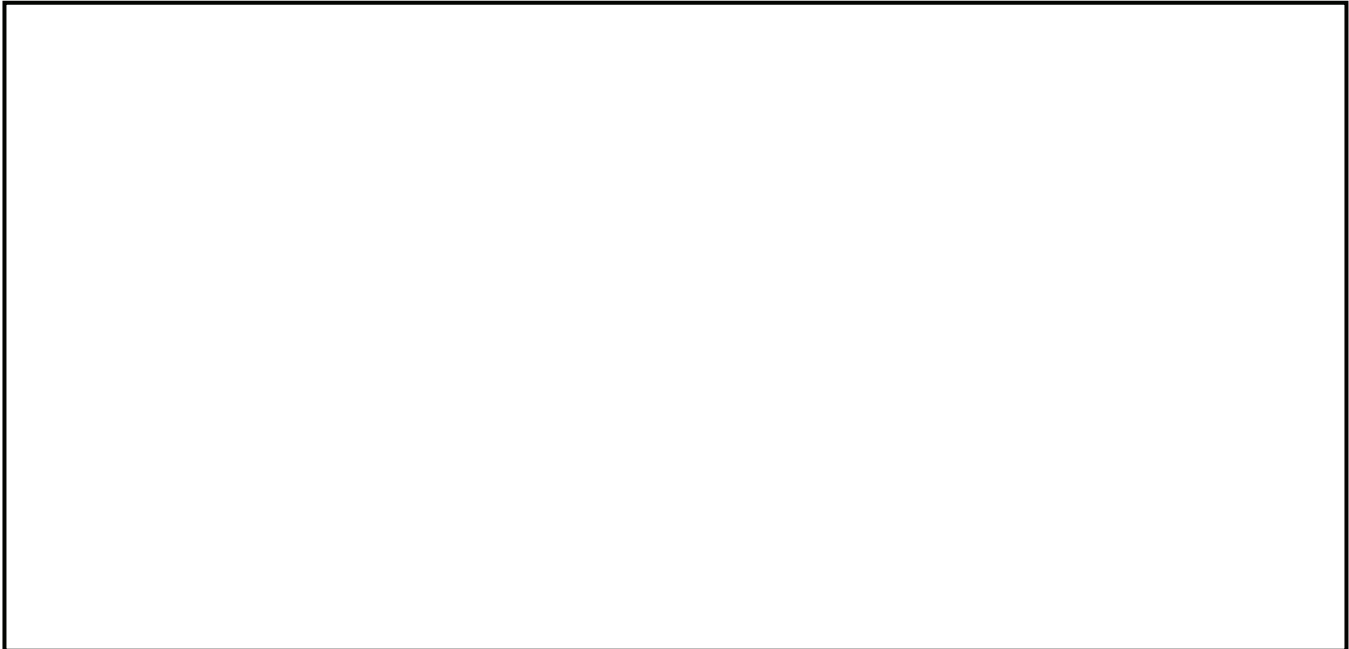
NAME _____
PHONE _____
BUSINESS _____

DATE _____
DUE DATE _____
EMAIL _____

QTY _____
SIZE _____ X _____
MATERIAL _____
TYPE STYLE _____
ALL CAPS U/L BORDER YES/NO
LETTER COLOR _____
BACKGROUND COLOR _____
OUTLINE / SHADOW
COLOR _____
PRINT / CUT SS _____ DS _____

FILE NAME _____
ESTIMATED COST _____
DESIGN NEEDED _____
SET UP TIME _____

FRAMES _____  1/2"  1"
HOLES YES/NO MASKED YES/NO
GROMMETS _____ HEMMED _____
CLEARCOAT MATTE / SEMI / GLOSS
RTA _____ INSTALL _____ LAMINATE
INTERIOR _____ EXTERIOR _____



____ NEW ORDER ____ REPEAT W/O CHANGES ____ REPEAT W/ CHANGES

SPECIAL INSTRUCTIONS

ORDER TAKEN BY _____ FAX _____ EMAIL _____ WALK IN _____