

SIGNATURE SPECIMEN FORM

ALL APPROPRIATE INFORMATION MUST BE CONFINED WITHIN SPACES OUTLINED BELOW, INCLUDING CUSTOMER INFORMATION REGARDLESS OF SHIPPING LOCATION. ALL PLATES WILL BE SHIPPED TO DESIGNATED OFFICIAL BELOW UNLESS OTHERWISE SPECIFIED. THERE WILL BE AN ADDITIONAL HANDLING CHARGE IF THIS FORM IS NOT SUBMITTED.

SALES CODE: _____ AUTHORIZED DISTRIBUTOR'S SIGNATURE: _____

PO# FOR INQUIRY: _____ TYPE OF TURNAROUND DESIRED: SHIP TO: DISTRIBUTOR
 24 HRS. PRIORITY 1 ECONOMY CUSTOMER

ORDER WILL NOT BE PROCESSED WITHOUT CUSTOMER INFORMATION

OFFICIAL TO WHOM PLATE(S) SHOULD BE SENT: _____
 FIRM: _____
 ADDRESS: _____
 CITY: _____ STATE: _____ ZIP CODE: _____

PLEASE USE BLACK BALL-POINT PEN.

CHECK ONE: SINGLE TRIPLE SIGNATURES

CHECK ONE: DOUBLE SIGNATURES SPLIT PLATES









PRINT SIGNATURES HERE

PRINT SIGNATURES HERE:

(INDICATE TITLE(S) ONLY IF YOU WISH TITLE TO BE PRINTED ALONG WITH SIGNATURE)
 PLEASE INDICATE IF YOU WISH ANY OF THE FOLLOWING TO APPEAR ON SIGNATURE PLATE:





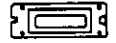
CHECK HERE IF SIGNATURE PLATE IS TO CONTAIN UV SECURITY LEGEND

TITLE(S): _____
 BACKGROUND NO.: _____
 LEGEND(S): _____
 LOGO(S): _____
 ID#: _____

IF ORDERING A LOGO, PLEASE PROVIDE BLACK & WHITE CAMERA READY PHOTO.

SPECIAL INSTRUCTIONS:

FOR DISTRIBUTOR USE ONLY

MODEL	PART #	DESC	QTY	REGULAR <input type="checkbox"/>
				REVERSE <input type="checkbox"/>
				ILLUSTRATION
SOM	4.4243	MAC		
	8.6146	TCP		
N.S. COMP	4R1525	MAC		
	8R1535	TCP		
O.S. COMP	4R1512	MAC		
	8R1533	TCP		
SPLIT PLATE	4R1161	MAC		
	8R1539	TCP		
EDP 1000/2000	7P1413	TCP		
EDP 3000/3600/PLUS	7P1496	TCP		
ALL EDP	4P1933	SPECIAL		

Mail Completed Form To The Following:

