

CUSTOM STENCIL ORDER FORM

BILL TO:

NAME* _____
ADDRESS* _____
CITY/STATE/ZIP* _____
ATTN _____ PO# _____
PHONE* _____ FAX _____

SHIP TO:

NAME* _____
ADDRESS* _____
CITY/STATE/ZIP* _____
ATTN _____ PO# _____
PHONE* _____ FAX _____

QUANTITY

SHIP VIA

DATE ORDERED

DATE REQUIRED

TAXABLE YES NO

**STENCIL LAYOUT - STENCIL WILL BE CUT EXACTLY AS SHOWN
NO CORRECTIONS WILL BE MADE!**

MAXI-TUFF DURA-TUFF 7.5 MIL MYLAR 10 MIL MYLAR OILBOARD

BE SURE TO INDICATE CHARACTER HEIGHT

MUST BE FILLED IN  **MAXIMUM SPACE LETTERING MUST FIT INTO IS _____ H x _____ W**
FLUSH LEFT **CENTERED** **HORIZONTAL** **VERTICAL**

FAX TO: 888.229.0500