

DOOR PRODUCTS ORDER FORM

Fax or Mail to:

J.C. Gury Company Inc.

530 E. Jamie Ave. • La Habra, CA 90631
(800) 903-3385 • FAX (800)556-5576
E-mail us: sales@jcgury.com

BILL TO: COMPANY: _____ STREET: _____ CITY: _____ STATE: _____ ZIP: _____ PHONE: _____ FAX: _____ E-MAIL: _____ ORDERED BY: _____ <small>Purchasing agent or Buyer (signature required) Any cost incurred for collection will be paid by purchaser</small>	SHIP TO: (if same as billing write same) COMPANY: _____ STREET: _____ CITY: _____ STATE: _____ ZIP: _____ Ship Via: <input type="checkbox"/> UPS <input type="checkbox"/> UPS 2nd Day Air <input type="checkbox"/> UPS Next Day Air <p style="text-align: center;">OVER AND UNDERRUNS OF 5%-10% OR LESS SHALL CONSTITUTE AN ACCEPTABLE DELIVERY.</p>
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TERMS: ALL ORDERS REQUIRE PRE-PAYMENT IN FULL WHEN ORDER IS PLACED.

<input type="checkbox"/>				
We Accept or Company Check		Card Number	Exp. Date	Security Code
<input type="checkbox"/>				
<input type="checkbox"/>		Authorized Signature	Print Name	

ALL PRODUCTS ARE PRICED BY SQUARE INCHES, (HEIGHT X WIDTH) NUMBER OF COLORS AND QUANTITY ORDERED.

	Size:	Holes:	Colors:	Quantity	Price Each	Total
1 Aluminum Nameplates: <input type="checkbox"/> Tech Screw Mount <input type="checkbox"/> Foam Tape Mount <input type="checkbox"/> Mill Finish	_____ X _____ Height Width	<input type="checkbox"/> Two Holes <input type="checkbox"/> 4 Holes Location _____ Corners <input type="checkbox"/> Square <input type="checkbox"/> Round _____ size Lamination <input type="checkbox"/> Standard <input type="checkbox"/> 7 Year Tuf-Cote	Background _____ Copy/Letters _____	_____	_____	_____
2 Decals: <input type="checkbox"/> General Purpose <input type="checkbox"/> 4 Mil. White <input type="checkbox"/> 2 Mil. Clear <input type="checkbox"/> Hi-Tack <input type="checkbox"/> PREMIUM _____ Stock Die Cut # _____ <input type="checkbox"/> Custom Die Cut _____	_____ X _____ Height Width	Lamination: <input type="checkbox"/> Gloss Clear Mylar <input type="checkbox"/> TUF-COTE Corners: <input type="checkbox"/> Round <input type="checkbox"/> Square	Background _____ Copy/Letters _____	_____	_____	_____
3 Vehicle Signs: <input type="checkbox"/> Vehicle Decal <input type="checkbox"/> Vehicle Magnetic <input type="checkbox"/> See Through Decal	_____ X _____ Height Width	<input type="checkbox"/> Round Corners <input type="checkbox"/> Square Corners	Background _____ Copy/Letters _____	_____	_____	_____
4 Vinyl Cut / Digital Print: <input type="checkbox"/> Vinyl Cut Lettering <input type="checkbox"/> Digital Print	_____ Total Square Inches	Vehicle: Make _____ Model _____ Year _____ <input type="checkbox"/> Request Layout Form	Background _____ Copy/Letters _____	_____	_____	_____