

# DOOR PRODUCTS ORDER FORM

Fax or Mail to:



530 E. Jamie Ave. • La Habra, CA 90631  
(800) 903-3385 • FAX (800)556-5576 • 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;"><b>OVER AND UNDERRUNS OF 5%-10% OR LESS SHALL CONSTITUTE AN ACCEPTABLE DELIVERY.</b></p>
---	---

**TERMS: ALL ORDERS REQUIRE PRE-PAYMENT IN FULL WHEN ORDER IS PLACED.**

<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____ Card Number	_____ Exp. Date	_____ Security Code
We Accept or Company Check	_____ 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
<b>1</b> <b>Aluminum Nameplates:</b> <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 _____ <b>Corners</b> <input type="checkbox"/> Square <input type="checkbox"/> Round _____ size <b>Lamination</b> <input type="checkbox"/> Standard <input type="checkbox"/> 7 Year Tuf-Cote	Background _____ Copy/Letters _____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____
<b>2</b> <b>Decals:</b> <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	<b>Lamination:</b> <input type="checkbox"/> Gloss Clear Mylar <input type="checkbox"/> TUF-COTE Corners: <input type="checkbox"/> Round <input type="checkbox"/> Square	Background _____ Copy/Letters _____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____
<b>3</b> <b>Vehicle Signs:</b> <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 _____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____
<b>4</b> <b>Vinyl Cut / Digital Print:</b> <input type="checkbox"/> Vinyl Cut Lettering <input type="checkbox"/> Digital Print	_____ Total Square Inches	<b>Vehicle:</b> Make _____ Model _____ Year _____ <input type="checkbox"/> Request Layout Form	Background _____ Copy/Letters _____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____