

Special Order Fax Form

It is required that all special order tags must use this form and be faxed to us to ensure accuracy

Customer Name _____

Date: ___ / ___ / ___

Quantity _____

P.O. Num. _____

Lett. Color _____

BG Color _____

Font Type _____

Case _____

Case can be UPPER, lower, UpperLower

Europlate

Zinc Frame

Lazer-Tag

Lazer-Frame

Hitch-plug

Stainless Style

Daytona Frame

Paper First? Yes / No

OEM

Emblem

Half-High

Customer Name _____

Date: ___ / ___ / ___

Quantity _____

P.O. Num. _____

Lett. Color _____

BG Color _____

Font Type _____

Case _____

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Europlate

Zinc Frame

Lazer-Tag

Lazer-Frame

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Stainless Style

Daytona Frame

Paper First? Yes / No

OEM

Emblem

Half-High

Fax this Form To:

Toll Free Fax _____

Standard Fax _____

Dealer Name: _____

Phone Number: _____

Sales Person: _____

Fax Number: _____