

Order Form

Date: _____

Shipping Address:

Note: UPS will not deliver to a P.O. Box

Check if Same as billing address Residential Commercial

Name _____

Name _____

Address _____

Address _____

City/State/Zip _____

City/State/Zip _____

Daytime/Business Phone _____ Cell Phone _____ Fax _____

Evening/Home Phone _____ E-mail Address _____

| Quantity | Product # | Description | Amount |
|----------|-----------|-------------|--------|
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Use this area to provide the wording you want on your signs and to indicate colors and sizes. You don't need to be artistic, we can take care of that. Just make sure you clearly list all the details for your custom sign as well as proof read your spelling.

| | |
|---------------------------------------|--|
| Sub-total | |
| Freight | |
| NJ Residents Add Sales Tax | |
| Total | |

- Check Enclosed
- Charge My Credit Card

If order is to be shipped, freight will be added. Freight costs can be quoted upon receipt of order when necessary.

Cardholder Name _____

Expiration Date:

Credit Card #

Month Year

Signature _____



McLain Studios Phone: **732-775-0271**

Fax: 732-774-2250

1203 Main Street, Asbury Park, New Jersey 07712 www.mclainstudios.com