

REQUEST for QUOTE or ORDER FORM

#001							
Tel 1-800-283-4920 Toll Free FAX				e-mail <u>info@theparkingpermitpeople.com</u>			
Toll Free FAX – 1-888-884-3119				www.shelburneparkingpermits.com			
BILL TO ACCOUNTS PAYABLE:				SHIP TO:			
NAME				NAME			
CONTACT PERSON				ADDRESS			
ADDRESS				CITY			
CITY				STATE & ZIP			
STATE & ZIP				ATTN:			
PHONE () FAX ()				SALES TAX EXEMPT#			
E-MAIL				AUGT HAVE VOU			
PERSON ORDERING				MUST HAVE YOUR INSTITUTION'S STREET ADDRESS FOR UPS SHIPMENTS			
THERE TITLE				CHECK ONE OF THE FOLLOWING BELOW			
PURCHASE ORDER #				NEW ORDER			
DATE ORDERED				RE-ORDER			
DATE REQUIRED				REQUEST FOR QUOTE			
CHECK BOX BELOW IF ORDERING PARKING PERMITS							
HANG TAG			WINDOW	OUTSDE VI	NYL	STATIC	
CONSECUTIVE NUMBERING: FORM () TO ()							
BACKGROUND COLOR IMPRINT COLOR							
DAGROROUND COLOR IIVIFRINT COLOR							
CUSTOMER COMPLETE COLUMNS BE				=I OW	SELLE	R COMPLETE	
					PRICE		
QUANTITY	ITEM#	MASCOT	ITEM	DESCRIPTION	EACH	TOTAL COST	
					ORDER CHECKLIST		
				1. QUANTITY – SIZE - COLOR 2. ROUGH SKETCH			
				3. ARE YEAR DATES REQUIRED?			
				4. MASCOT SELECTED			
				5. ARE CONCECUTIVE			
				NUMBERS NEEDED? 6. DATE REQUIRED IF FOR A			
				SPECIAL OCCASION?			
				7. ITEM DESCRIPTION			
					8. CHECK APPROPRIATE BOX		
				HANG TAGSINSIDE WINDOW			
					OUTSIDE VINYL		
			ノ		YL		
					YL		
INCLUDE A ROUGH SKET				o OUTSIDE VIN	YL		