

PANEL SIZE

If replacing a panel with a similar style, measure the existing panel.
 If replacing multiple panels, combine the panel lengths.
 For new panels, use a letter for panel height and request length.
 Please provide exact measurements to the nearest 1/8th of an inch.
 Panel height: _____ Total panel length: _____

PANEL PRICING

Select desired size and quantity (select only one).
 Set of 2 is typically ordered with a double-sided sign.

Total panel length	Single	Set of 2
Up to 53.9"	<input type="checkbox"/> \$75	<input type="checkbox"/> \$140
54" to 72.9"	<input type="checkbox"/> \$93	<input type="checkbox"/> \$175
73" to 89.9"	<input type="checkbox"/> \$120	<input type="checkbox"/> \$205
90" to 137"	<input type="checkbox"/> \$150	<input type="checkbox"/> \$275

PANEL STYLE

Select more than one if combining styles on a single panel.

☐ A: Double line hours panel

WORSHIP
11:00AM & 6:00PM

☐ B: Double line name panel

REV. JOHN HALL
Pastor

☐ C: Single line hours panel

WORSHIP 11:00AM & 6:00PM

☐ D: Single line name panel

REV. JOHN HALL, Pastor

☐ E: Reverse panel (full length of changeable letter area)

Clear letters on solid color background.

Specify background color: _____

REV. JOHN HALL, Pastor 486-7446

PANEL LETTER COLOR

Panel style E must select "Clear".

☐ Black

☐ Green (+\$25)

☐ Blue (+\$25)

☐ Red (+\$25)

☐ Brown (+\$25)

☐ Clear (+\$25, style E only)

PANEL CONTENT

Write the text exactly as you want it to appear on the panel:

PANEL ORDER FORM

SHIP TO

Requires a signature during normal business hours.
 P.O. boxes are not accepted.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

SHIPPING PRICING (Continental US only)

For panel lengths of 108" or larger, cost is \$108.

For all others, use total from the left side of this page.

Up to \$100	\$17	\$200.01 to \$250	\$45
\$100.01 to \$150	\$25	\$250.01 to \$300	\$60
\$150.01 to \$200	\$35	Over \$300.01	Call

BILL TO (if different from Ship To)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

ORGANIZATION & SIGN

Organization name: _____

Customer ID (7 digits): _____

Sign type/model: _____

TOTAL

Panel Pricing + Letter Color + Shipping + Tax*

\$_____ + \$_____ + \$_____ + \$_____ * = \$_____

*If your state has applicable sales tax, it will be added to your order. If you are tax exempt, a certificate must accompany your order.

PAYMENT METHOD

Card type: ☐ AMEX ☐ Mastercard

☐ Visa ☐ Discover

Card number: _____

Expiration: _____ CVV (3 or 4 digit): _____

Signature: _____

Fax or mail only. Do **NOT** email payment information.
 Please allow 2 to 3 weeks for processing and delivery.



MAIL TO

*2201 Cantu Ct.
Suite 215
Sarasota, FL 34232*

FAX TO

1-800-485-4280