

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"/> \$60	<input type="checkbox"/> \$100
54" to 72.9"	<input type="checkbox"/> \$78	<input type="checkbox"/> \$130
73" to 89.9"	<input type="checkbox"/> \$96	<input type="checkbox"/> \$160
90" to 137"	<input type="checkbox"/> \$114	<input type="checkbox"/> \$190


PANEL STYLE

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

- A: Double line hours panel

- B: Double line name panel

- C: Single line hours panel

- D: Single line name panel

- E: Reverse panel (full length of changeable letter area)
 Clear letters on solid color background.
 Specify background color: _____


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:

SHIP TO

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

Name: _____
 Address: _____
 City: _____ State: ____ Zip: ____
 Phone: _____
 Email: _____

SHIPPING PRICING (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	\$10	\$200.01 to \$250	\$25
\$100.01 to \$150	\$15	\$250.01 to \$300	\$30
\$150.01 to \$200	\$20	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