



920 E. GLEN AVENUE  
PEORIA HEIGHTS, ILLINOIS 61616-5377  
(309) 685-8989 \* (800) 322-3946  
FAX (309) 685-8537

SALES PERSON: _____
DATE: _____

## INDOOR BANNER ORDER FORM

NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_ WE WILL CALL WHEN DONE or DO NOT CALL (CIRCLE ONE)

DATE & TIME NEEDED: \_\_\_\_\_

SIZE: 15" X \_\_\_\_\_ ' or 30" x \_\_\_\_\_ '

QUANTITY: \_\_\_\_\_ BANNER PRICE:\$ \_\_\_\_\_ EACH = TOTAL:\$ \_\_\_\_\_

BACKGROUND COLOR CHARGE:\$ \_\_\_\_\_

PHOTO/LOGO SETUP CHARGE:\$ \_\_\_\_\_

TOTAL:\$ \_\_\_\_\_

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COLORS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OUTLINE COLOR \_\_\_\_\_ SHADOW OUTLINE \_\_\_\_\_

STOCK LAYOUT # \_\_\_\_\_ FONT \_\_\_\_\_

LETTERS: UPPER CASE \_\_\_\_\_ LOWER CASE \_\_\_\_\_ BOTH \_\_\_\_\_  
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CUSTOMER SIGNATURE: \_\_\_\_\_

\*\*\*\*\*BANNER MUST BE PAID FOR BEFORE IT CAN BE PRINTED\*\*\*\*\*

FAX ORDERS: CREDIT CARD TYPE: _____ CARD#: _____
EXP. DATE: _____ V-CODE: _____

FOR OFFICE USE ONLY: PAID BY: CASH _____ CHECK # _____ VISA _____ M/C _____ AX _____ DISCOVER _____ HOUSE CHARGE _____
SAVED AS: _____