

Fax, Mail or Bring to:

SchubertEnt.com

**Ph. & Fax
(716) 938-9034**

**5111 Route 353
Salamanca, NY 14779**

MAGNETIC SIGN Order Form

Enter your information below and we will send you a proof and firm price.

Where should we send your Proof & Pricing? Circle One (E-mail, Fax, Mail)

Company Name: _____

Contact Person: _____

Street Address: _____

City, State, Zip: _____

Day Time Phone: _____

Evening Phone: _____

Fax: _____

E-Mail: _____

ADDITIONAL INSTRUCTIONS

Fill In the Lines below that pertain to your selection.

Sign Size: _____

Quantity: _____

Background Color: _____

Lettering Color: _____

Graphic Color: _____

Your Text: _____

Clip Art (Graphics): _____

Type Or Letter Style(s): _____

**Sketch Your Design
(Layout) Below or on a
Seperate Sheet of
Paper and include it
with This Form.
If you have Your Own
Artwork, include it.**