

ORDER FORM

Date: / /

Toll Free: 1-800-473-0698
Phone: (315) 682-6418



Office Hours: 8:00am - 4:30pm
Monday - Friday

Fax: (315) 682-7335
Email: Sales@VossSigns.com

Voss Signs, LLC • P.O. Box 553
Manlius, NY 13104

For Office Use Only

C# _____ O# _____

Fed. I.D. No. 16-1553963 | OA2.10

Billing Address	
Attn:	
Company:	
Street:	
P.O. Box:	
City, State, Zip:	
Home Phone:	
Office Phone:	Fax:
Email:	

Shipping Address (if different from billing)	
Attn:	
Company:	
Street:	
P.O. Box:	
City, State, Zip:	
Phone:	
Special Instructions:	
Advise if:	<input type="checkbox"/> Residential <input type="checkbox"/> Commercial

Qty	Item #	Description	Material	Color	Price Ea.	TOTAL

PAYMENT METHOD	
Please include check or credit card information	
<input type="checkbox"/> Check enclosed, Payable to VOSS SIGNS, LLC	
<input type="checkbox"/> Charge	
Acct # <input type="text"/>	Exp. ___ / ___
<input type="text"/>	<input type="text"/>
Print Cardholder Name	3 or 4 digit Security Code from card
Customer Signature (Only on Credit Card Orders)	
Imprint Charge #1 _____ Imprint Charge #2 _____ Special Order Charge _____ *Shipping _____ *For all sign orders please add \$10.00 flat rate shipping charge. For all accessory and non-standard sign items please call for shipping. Subtotal _____ New York State Sales Tax _____ TOTAL _____	

IMPRINT INFORMATION

1. Quantity _____	Style # _____	Material _____	Color _____
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. Quantity _____	Style # _____	Material _____	Color _____
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>