

Customer #: _____ Contact: _____ Date: _____

PO #: _____ Ship Via: _____ Phone: _____

Company Name: _____ FAX: _____

Email: _____

Visa MasterCard Amex Discover

Card Number: _____

Name as it appears on card: _____

Expiration Date: _____ / _____

CVC #: _____

Player and Team Names: Available in two color

Material	Color		Font	Style	Cap Height	Length
<input type="checkbox"/> Permacad® <input type="checkbox"/> Dal-Plus® <input type="checkbox"/> Dal-Glitter® <input type="checkbox"/> Dal-Sparkle® <input type="checkbox"/> Safety Reflective-Silver	Foreground	<input type="checkbox"/> Weeded	<input type="checkbox"/> Full Block <input type="checkbox"/> Plain Block <input type="checkbox"/> Antique <input type="checkbox"/> Brody Script <input type="checkbox"/> Crazy <input type="checkbox"/> Stencil <input type="checkbox"/> Script <input type="checkbox"/> United	<input type="checkbox"/> Straight <input type="checkbox"/> Vertical Arch <input type="checkbox"/> Double Arch <input type="checkbox"/> Flat Top	<input type="checkbox"/> 2" <input type="checkbox"/> 2½" <input type="checkbox"/> 2¾" <input type="checkbox"/> 3"	<input type="checkbox"/> Adult up to 14" <input type="checkbox"/> Youth up to 12" <input type="checkbox"/> Other
	Background	<input type="checkbox"/> Not Weeded				

Left Chest Names

Material	Color	Font	Style	Cap Height
<input type="checkbox"/> Permacad® <input type="checkbox"/> Dal-Plus® <input type="checkbox"/> Dal-Glitter® <input type="checkbox"/> Dal-Sparkle® <input type="checkbox"/> Safety Reflective-Silver	Foreground	<input type="checkbox"/> Full Block <input type="checkbox"/> Plain Block <input type="checkbox"/> Brody Script	<input type="checkbox"/> One Line <input type="checkbox"/> Two Lines	<input type="checkbox"/> 5/8" x 3.5" Name <input type="checkbox"/> 1" x 5" Name

Typed orders are preferred. There is an additional charge per each name on handwritten orders. Orders of fewer than 5 will incur an upcharge.

Please type or print all names	Quantity	Quantity
1) _____	_____	11) _____
2) _____	_____	12) _____
3) _____	_____	13) _____
4) _____	_____	14) _____
5) _____	_____	15) _____
6) _____	_____	16) _____
7) _____	_____	17) _____
8) _____	_____	18) _____
9) _____	_____	19) _____
10) _____	_____	20) _____