



Materials & Supplies for Engraving & Signage

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Fax Order Form

Please photocopy and use again.

Date _____ B.F. account # _____ P.O.# _____

Shipping Information

Check here if shipping address is same as billing address.

Bill To:

Company _____

Contact _____

Address _____

City _____ State _____ Zip _____

Ship To:

Company _____

Contact _____

Address _____

City _____ State _____ Zip _____

How would you like to receive your invoice? Email Mail

Email: _____

UPS shipping method

Ground
 2nd Day Air

Next Day Air
 3-Day Select

UPS payment option

Prepay/add to invoice
 Collect

| Item # | Description | Size | QTY | Price Each | Total |
|--------|-------------|------|-----|------------|-------|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| 8 | | | | | |
| 9 | | | | | |
| 10 | | | | | |
| 11 | | | | | |
| 12 | | | | | |

In "Size" column, place the letter (F) for full sheets 24" X 48", (H) for half sheets 24" X 24" and (Q) for quarter sheets 12" X 24". Full sheets can be cut into half or quarter sheets at no extra charge.

Grand Total

| |
|--|
| |
|--|