

# Engraved Plastic Signs Order Worksheet

ADA (Americans with Disabilities Act) signs include Braille to allow the vision impaired to “read” door labels and other important directional signs throughout your facilities.

Number of signs: \_\_\_\_\_ Dimensions: \_\_\_\_\_

Font: <input type="checkbox"/> Block Normal	<input type="checkbox"/> 2" x 4"	<input type="checkbox"/> 4" x 4"	<input type="checkbox"/> 6" x 6"
<input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> 2" x 8"	<input type="checkbox"/> 4" x 8"	<input type="checkbox"/> 6" x 8"
Graphics: _____	<input type="checkbox"/> 2" x 9"	<input type="checkbox"/> 4" x 10"	<input type="checkbox"/> 6" x 9"
_____	<input type="checkbox"/> 2" x 10"	<input type="checkbox"/> 4" x 12"	<input type="checkbox"/> 6" x 12"
_____	<input type="checkbox"/> 8" x 8"	<input type="checkbox"/> 9" x 9"	<input type="checkbox"/> 12" x 12"
_____	<input type="checkbox"/> Other: _____	Height: _____"	Width: _____"

Sign Color	Text Color
<input type="checkbox"/> White	<input type="checkbox"/> White
<input type="checkbox"/> Black	<input type="checkbox"/> Black
<input type="checkbox"/> Red	<input type="checkbox"/> Red
<input type="checkbox"/> Blue	<input type="checkbox"/> Blue
<input type="checkbox"/> Beige	<input type="checkbox"/> Beige
<input type="checkbox"/> Maroon	<input type="checkbox"/> Maroon
<input type="checkbox"/> Green	<input type="checkbox"/> Green
<input type="checkbox"/> Brown	<input type="checkbox"/> Brown
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____

include Braille insert

Mounting:

Velcro

Double-sided tape

Mounting holes, where: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

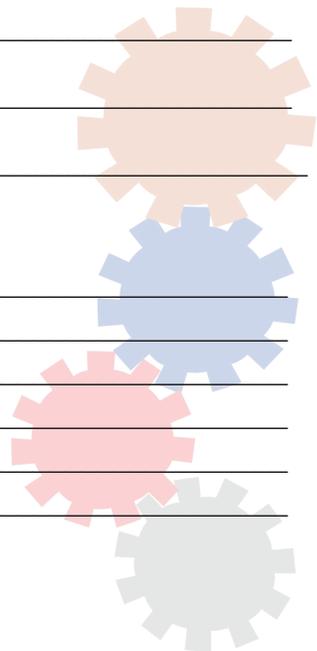
Text: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_





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# Quote Request

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Purchase Order: \_\_\_\_\_  
 Company: \_\_\_\_\_ Email: \_\_\_\_\_  
 Street: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
 City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

<b>Bill to</b> (Check here __ if same as above.)	Name: _____
	Email: _____
	Phone Number: _____ Fax Number: _____
	Street: _____
City: _____ Zip Code: _____	

**Ship to** (Same as top address \_\_ Bill to \_\_ above.)  
 Name: \_\_\_\_\_  
 Street: \_\_\_\_\_ Email: \_\_\_\_\_  
 City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Item Code	Description	Size/Color	Line Price	Qty	Line Total

See attached Worksheet for order details.

By signing below, I am certifying that I am an authorized purchasing agent for the above named company.

Authorized Signature: \_\_\_\_\_

Subtotal	
Sales Tax 8.6%	
Freight	
Total	

**Please sign completed Quote Request and fax to 602-272-1007  
 or email to sales @aci.az.gov**