

Lettering Order Form



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Visa Mastercard Amex

CARD NO.:

□□□□	□□□□	□□□□	□□□□
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Exp. Date: _____

Name of Cardholder: _____

Signature: _____

Bill To:

Phone: _____

Fax: _____

E-mail: _____

Ship To: (if different)

Customer Name	Order Date	P.O. #	Contact Name

8.0cm (3") Quantity	5.0cm (2") Quantity	4.0cm (1.5") Quantity	3.0cm (1.25") Quantity	2.5cm (1") Quantity	2.0cm (.75") Quantity
A _____	A _____	A _____	A _____ 1 _____	A _____ 1 _____	A _____
B _____	B _____	B _____	B _____ 2 _____	B _____ 2 _____	B _____
C _____	C _____	C _____	C _____ 3 _____	C _____ 3 _____	C _____
D _____	D _____	D _____	D _____ 4 _____	D _____ 4 _____	D _____
E _____	E _____	E _____	E _____ 5 _____	E _____ 5 _____	E _____
F _____	F _____	F _____	F _____ 6 _____	F _____ 6 _____	F _____
G _____	G _____	G _____	G _____ 7 _____	G _____ 7 _____	G _____
H _____	H _____	H _____	H _____ 8 _____	H _____ 8 _____	H _____
I _____	I _____	I _____	I _____ 9 _____	I _____ 9 _____	I _____
J _____	J _____	J _____	J _____ 0 _____	J _____ 0 _____	J _____
K _____	K _____	K _____	K _____	K _____	K _____
L _____	L _____	L _____	L _____	L _____	L _____
M _____	M _____	M _____	M _____	M _____	M _____
N _____	N _____	N _____	N _____	N _____	N _____
O _____	O _____	O _____	O _____	O _____	O _____
P _____	P _____	P _____	P _____	P _____	P _____
Q _____	Q _____	Q _____	Q _____	Q _____	Q _____
R _____	R _____	R _____	R _____	R _____	R _____
S _____	S _____	S _____	S _____	S _____	S _____
T _____	T _____	T _____	T _____	T _____	T _____
U _____	U _____	U _____	U _____	U _____	U _____
V _____	V _____	V _____	V _____	V _____	V _____
W _____	W _____	W _____	W _____	W _____	W _____
X _____	X _____	X _____	X _____	X _____	X _____
Y _____	Y _____	Y _____	Y _____	Y _____	Y _____
Z _____	Z _____	Z _____	Z _____	Z _____	Z _____