

PERSONALIZED PLAQUE ORDER FORM.

Please complete one for EACH unique plaque.

Number of winner pl Number of finalist pl	•			\$ \$	
Proof copy emailed	to contact nam	e for approval: No	O CHARGE		
Domestic shipping & add \$15.95 for one p			er number below OR Iditional plaque	\$	
International shippin	g & handling -	- your shipper nu	mber is REQUIRED		
UPS Acct			FedEx Acct		
Ohio customers incl	ude 6.75% sale	es tax (tax charge	d on entire order including s	hipping)	
TOTAL COST:					
Winning product:				Award year:	
Contact name:	Contact name: Company Name:				
Address:					
City:			State/Country:	Postal Code:	
Phone:			Email:		
Names of all organizations to appear on plaque. Please list them in the order you would like them to appear:					
Name of product, exactly as you would like it to appear on plaque:					
Payment method:	Credit Card				
Charge to: □	MasterCard	□ Visa	☐ American Express	☐ Discover Card	
Card number:				Expiration Date:	
Name on card (pleas	se print):			Security Code:	
Signature:				Date:	
Billing address:					
City:			State/Country:	Postal Code:	
Phone:			Email:		

Please send this completed form to:

sales@massillonplaque.com / attention Suzanne / fax 330.494.5037 / make checks payable to Massillon Plaque Co. and send to 5757 Mayfair Rd., North Canton OH 44720 For questions call Suzanne at 800.854.8404 X226