This form is a fillable pdf. Save a copy to your computer, fill it out electronically, and email it to: gstonkus@lasengraving.com



12 Mill St., Bellingham, MA 02019 • gstonkus@lasengraving.com • FAX: 508-966-3273

Name							
Company Name							
Shipping Address							
CITY					STATE	ZIP	
DAVTIME	DUONE					NDRECC	
DAYTIME PHONE EMAIL ADDRESS  Order information							
			Order in	formation	า		
Plate Dimensions		WIDTH			F	IEIGHT	
Plate Color		Core (l	_etter) Color			Letter Size	
Engraved Message NOTE: for messages longer than 4 lines, use page 2 of this document							
Quantity							
Adhesive Backing:	□ Yes 〔	<b>□</b> No	Screw Holes:	Yes • N	No If yes,	, location	
Special Instruction							

Please allow seven business days for completion of faxed in orders. For shorter delivery schedule please contact Gert at 508-966-3272.

## Engraved Messages (cont.) Input engraved message longer than four lines below. If more room is necessary, please email a Word document with your messages along with your LAS order form.