

## **Metal Signage Order Form**

Descri	iption	Unit Quantity 1	Cost per Unit	Total Cost	Unit Quantity 2	Cost per Unit	Total Cost	Unit Quantity 3	Cost per Unit	Total Cost	Unit Quantity 4	Cost per Unit	Total Cost	Embossing Plate/File Set-Up Cost
12" x 18" Embossed Parking	g Sign	25	\$8.93	\$223.13	50	\$8.34	\$417.00	75	\$8.15	\$610.88	100	\$8.04	\$804.00	\$82.50
36" x 24" Embossed Parking	g Sign	25	\$28.41	\$710.25	50	\$27.45	\$1,372.50	75	\$27.15	\$2,036.25	100	\$26.99	\$2,698.50	\$195.00
12" x 12" Embossed Parking	g Sign	25	\$6.80	\$169.88	50	\$6.21	\$310.50	75	\$6.00	\$450.00	100	\$5.91	\$591.00	\$75.00
24" x 24" Embossed Parking	g Sign	25	\$20.31	\$507.75	50	\$19.35	\$967.50	75	\$19.05	\$1,428.75	100	\$18.89	\$1,888.50	\$142.50
12" x 12" Round/Embossed Parking	g Sign	25	\$6.80	\$169.88	50	\$6.21	\$310.50	75	\$6.00	\$450.00	100	\$5.91	\$591.00	\$75.00

## INSTRUCTION:

- 1. Complete Bill To and Ship To information.
- 2. Select a sign by indicating the design, size, and quantity
- 3. Email order to both PPG Refinish Communications and

PPG Refinish Communications KSevcik@ppg.com

Adart.com Ad Art, Inc.

alexandra.neville@adart.com barry.anderson@adart.com

NAME: ADDRESS1: ADDRESS2: CITY/STATE/ZIP: PHONE: Ext FAX:  SHIP TO: NAME: ADDRESS1: ADDRESS1: ADDRESS2: CITY/STATE/ZIP: PHONE: Ext FAX:  *MUST HAVE CREDIT CARD TO ORDER SIGN - CANNOT "BILL TO DISTRIBUTOR"  Card Type: Card Type: VISA MASTERCARD AMERICAN EXPRESS  Card Number: Expiration Date: Expiration Date:  MO YR  Authorized Signature:  Please add contact information should we need to contact you in regards to questions with your order: NAME:	PRODUCT BILL TO:				
ADDRESS1: ADDRESS2: CITY/STATE/ZIP: PHONE: Ext FAX:  SHIP TO: NAME: ADDRESS1: ADDRESS2: CITY/STATE/ZIP: PHONE: Ext FAX:  *MUST HAVE CREDIT CARD TO ORDER SIGN - CANNOT "BILL TO DISTRIBUTOR"  Card Number: Card Type: VISA MASTERCARD AMERICAN EXPRESS  Card Number: Expiration Date: MO YR 3 Digit Security Code:  Authorized Signature:  Please add contact information should we need to contact you in regards to questions with your order: NAME:					
ADDRESS2:  CITY/STATE/ZIP:  PHONE:  SHIP TO:  NAME:  ADDRESS1:  ADDRESS2:  CITY/STATE/ZIP:  PHONE:  Ext FAX:  *MUST HAVE CREDIT CARD TO ORDER SIGN - CANNOT "BILL TO DISTRIBUTOR"  Cardholder Name:  Card Type: VISA MASTERCARD AMERICAN EXPRESS  Card Number:  Expiration Date:  Sylva Authorized Signature:  Please add contact information should we need to contact you in regards to questions with your order:  NAME:					
CITY/STATE/ZIP: PHONE: SHIP TO: NAME: ADDRESS1: ADDRESS2: CITY/STATE/ZIP: PHONE: PHONE: Ext FAX:  *MUST HAVE CREDIT CARD TO ORDER SIGN - CANNOT "BILL TO DISTRIBUTOR"  Cardholder Name: Card Type: VISA MASTERCARD AMERICAN EXPRESS  Card Number: Expiration Date: Expiration Date: Please add contact information should we need to contact you in regards to questions with your order: NAME:					
SHIP TO: NAME: ADDRESS1: ADDRESS2: CITY/STATE/ZIP: PHONE:  Card Type: Card Type: VISA MASTERCARD AMERICAN EXPRESS  Card Number: Expiration Date:  Ext FAX:  MUST HAVE CREDIT CARD TO ORDER SIGN - CANNOT "BILL TO DISTRIBUTOR"  Card Type: VISA MASTERCARD AMERICAN EXPRESS  Card Number: Expiration Date:  Please add contact information should we need to contact you in regards to questions with your order:  NAME:					
NAME: ADDRESS1: ADDRESS2: CITY/STATE/ZIP: PHONE: Ext FAX:  "MUST HAVE CREDIT CARD TO ORDER SIGN - CANNOT "BILL TO DISTRIBUTOR"  Cardholder Name: Card Type: VISA MASTERCARD AMERICAN EXPRESS Card Number: Expiration Date: Expiration Date:  Authorized Signature:  Please add contact information should we need to contact you in regards to questions with your order:  NAME:					
ADDRESS1: ADDRESS2: CITY/STATE/ZIP: PHONE: Ext FAX:  *MUST HAVE CREDIT CARD TO ORDER SIGN - CANNOT "BILL TO DISTRIBUTOR"  Card holder Name: Card Type: VISA MASTERCARD AMERICAN EXPRESS  Card Number: Expiration Date: Expiration Date:  Authorized Signature:  Please add contact information should we need to contact you in regards to questions with your order:  NAME:	SHIP TO:				
ADDRESS2:  CITY/STATE/ZIP:  PHONE:  *MUST HAVE CREDIT CARD TO ORDER SIGN - CANNOT "BILL TO DISTRIBUTOR"  Cardholder Name:  Card Type:  VISA MASTERCARD AMERICAN EXPRESS  Card Number:  Expiration Date:  Sample of the state of th	NAME:				
CITY/STATE/ZIP:  PHONE:  Ext FAX:  *MUST HAVE CREDIT CARD TO ORDER SIGN - CANNOT "BILL TO DISTRIBUTOR"  Cardholder Name:  Card Type:  VISA MASTERCARD AMERICAN EXPRESS  Card Number:  Expiration Date:  Sample of the provided signature:  Please add contact information should we need to contact you in regards to questions with your order:  NAME:	ADDRESS1:				
PHONE:  *MUST HAVE CREDIT CARD TO ORDER SIGN - CANNOT "BILL TO DISTRIBUTOR"  Card Name:  Card Type:  VISA MASTERCARD AMERICAN EXPRESS  Card Number:  Expiration Date:  Mo YR  Authorized Signature:  Please add contact information should we need to contact you in regards to questions with your order:  NAME:	ADDRESS2:				
*MUST HAVE CREDIT CARD TO ORDER SIGN - CANNOT "BILL TO DISTRIBUTOR"  Card Number:  Expiration Date:  Authorized Signature:  Please add contact information should we need to contact you in regards to questions with your order:  NAME:	CITY/STATE/ZIP:				
*MUST HAVE CREDIT CARD TO ORDER SIGN - CANNOT "BILL TO DISTRIBUTOR"  Card Number:  Expiration Date:  Authorized Signature:  Please add contact information should we need to contact you in regards to questions with your order:  NAME:	PHONE:		Ext	FAX:	
Card Type: VISA MASTERCARD AMERICAN EXPRESS  Card Number: 3 Digit Security Code:  MO YR  Authorized Signature: DATE:  Please add contact information should we need to contact you in regards to questions with your order:  NAME:		*MIJET HAVE CDE	DIT CARD TO ORDER SI	CN CANNOT "PILL TO	DISTRIBUTOR"
Card Type: VISA MASTERCARD AMERICAN EXPRESS  Card Number: 3 Digit Security Code:  Expiration Date: DATE:  Please add contact information should we need to contact you in regards to questions with your order:  NAME:				GN - CANNOT BILL TO	DISTRIBUTOR
Expiration Date:    MO YR	Card Type:			AMERICAN EXPRES	S
Authorized Signature:  DATE:  Please add contact information should we need to contact you in regards to questions with your order:  NAME:	Card Number:				
Please add contact information should we need to contact you in regards to questions with your order:  NAME:	Expiration Date:	MO YR	3 Digit Security Code	e:	
NAME:	Authorized Signature:				DATE:
NAME:					
		Please add contact	information should we nee	ed to contact you in regard	ds to questions with your order:
DHONE: Evt EMAIL:					
PHONE: Ext EMAIL:	PHONE:		Ext	EMAIL:	

IMPORTANT! It is the responsibility of the Purchaser to have the signs installed at their expense. Sign regulations differ from location to location. PPG and/or Ad Art,Inc. is not responsible for determining if any sign ordered by a Purchaser meets the regulations for the Purchaser's location. Please check with your local zoning commission prior to ordering.

## 1) Select sign design









## 2) Select sign size and quantity

12" x 18" Embossed Parking Sign

36" x 24" Embossed Parking Sign

12" x 12" Embossed Parking Sign

24" x 24" Embossed Parking Sign

12" x 12" Round/Embossed Parking Sign

Unit Quantity 25

Unit Quantity 50

Unit Quantity 75

Unit Quantity 100

NOTE: SIGN PRICES DO NOT INCLUDE INSTALLATION, HARDWARE OR INSTALLATION QUOTE PROVIDED UPON REQUEST. PLEASE CONTACT ALEXANDRA.NEVILLE@ADART.COM FOR MORE INFORMATION



