UnitNumber Order Form

ORDER DATE: _____

COMPANY NAME

NAME/CONTACT

STREET ADDRESS

SUITE, FLOOR OR DEPT.

CITY STATE ZIP

( ) ( )

PHONE # FAX #

E-MAIL ADDRESS

SHIP TO ADDRESS (IF OTHER THAN ABOVE)

COMPANY

ATTENTION

STREET ADDRESS

SUITE, FLOOR OR DEPT.

CITY STATE ZIP

E-MAIL OR FAX TO:

Classic Design Awards

Classic Design Awards, Inc.
6128 Lincoln Avenue
Morton Grove, IL 60053
PH: (847)470-0855 · FX: (847)470-0857
E-MAIL: INFO@UNITNUMBER.COM

PAYMENT METHOD:

☐ C.O.D. ☐ Pre-Pay ☐ Open Terms *(Approval Required)*

☐ AMEX ☐ Mastercard ☐ Discover ☐ Visa

CREDIT CARD NUMBER EXP. DATE

STREET # AND ZIP CODE OF CREDIT CARD BILLING ADDRESS CVV CODE

NAME ON CARD SIGNATURE

DATE NEEDED: _____ SHIP VIA:

☐ UPS Ground
☐ UPS 2nd Day Air
☐ UPS Next Day Air
☐ FedEx Priority
☐ Other (Specify)

_____

If you must have your order by a specific date, please advise us. Priority service charges may apply, as well as overnight shipping charges. Standard production time is 7-10 work days, but times may vary based on time of year.

QTY	SIZE	COLOR#	COLOR	HOLES QTY	HOLES SIZE	COMMENTS	NET PRICE (PER SIGN)	TOTAL
						SHIPPING/COD CHARGES:		
			ILLINOIS SHIPMENTS ADD 10¼% SALES TAX:					
						GRAND TOTAL:		

www.UnitNumber.com Web Order

USE THIS SPACE FOR SIMPLIFIED OR SUMMARIZED NUMBER SEQUENCE INFORMATION