

ORDER FORM

NAMEPLATE

MAGNETIC NAMETAG

Please send completed form to Kim Tavares: ktavares@scu.edu or FAX: 408-554-5066

Date _____ Requester _____ Phone _____

Department _____ Bldg/Room _____

TEXT PLATE DESCRIPTION

COLOR:

SCU Red with white text
White with SCU red text
Walnut with white text
Desert Sand with black text
Brown with Naples Yellow text
Genuine Brass
Special color combination _____

TEXT CASE:

ALL UPPER CASE

Upper and Lower Case

QUANTITY: _____ SIZE: _____

HOLDER / MOUNTING

Will this be placed in a holder ?	Yes		No
Do you need a holder ?	No	Desk	Wall
Adhesive backing needed ?	Yes		No
Velcro backing needed ?	Yes		No
Screw holes needed ?	Yes		No

NAME OR WORDING EXACTLY AS YOU WOULD LIKE IT TO APPEAR:

SPECIAL REQUEST _____

Date Required: _____ Standard delivery is 5 work days from receipt.

Charge to: _____
Acct. Fund Org. Program Activity Class

Authorized: _____ Date: _____