REVISED APRIL 2005

Doc Morgan Inc.
APPRECIATION PLAQUES CO.
108 South 2nd Street
P. O. BOX 270
ST. CHARLES, ILLINOIS 60174
PHONE (630) 584-9425
WEB ADDRESS: WWW.DOCMORGAN.COM
FAX (630) 584-9421
EMAIL: customers@docmorgan.com

SCHEDULED PRESENTATION DATE: _____ *

CUSTOMER NO: _____

DMI USE ONLY:
ORDER NUMBER

☐ *IF THIS DATE ALLOWS LESS TIME THAN NORMAL SHIPPING METHODS, PLEASE USE PRIORITY SHIPPING MODE AND BILL US FOR THE ADDITIONAL ADDED COST.

ORDERED BY:

ORGANIZATION _____

ATTENTION OF _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

SHIP TO: ☐ (Check if exactly the same as "Sold To")

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE (_____) _____-_____ FAX (_____) _____-_____ EMAIL _____

Please enter our order for the following. We understand all goods are guaranteed against defects in materials and workmanship and that delivery will be according to schedule as shown in current Price List.

PERSONALIZATION MUST BE SUBMITTED IN PRINTED OR TYPEWRITTEN FORM.
ANY COPY SUBMITTED VERBALLY IS THE CUSTOMER'S RESPONSIBILITY IN THE EVENT OF AN ERROR.
(PLEASE USE SEPARATE PAGE FOR ADDITIONAL ENGRAVING INSTRUCTIONS.)

PLAQUE DESIGN #	NAME OF RECIPIENT	PRESENTED BY	TITLE	YEAR	AMOUNT (U.S. FUNDS)

QUANTITY	OTHER ITEMS STYLE NO	OTHER ITEMS QUALITY	DESCRIPTION	UNIT AMOUNT	

	BASIC AMOUNT	
	7.5% TAX-IL ORDERS ONLY	
QUANTITY	CHARACTERS OF ENGRAVING (If not included in Base Price of product.)	@ .32 EACH
	HANDLING	$6.00
	OTHER:	
	TOTAL AMOUNT DUE	

Shipping charges will be added to the basic handling charge and invoiced with the merchandise and/or services on net-30 day terms if Open Account Privilege is established. If Priority Shipping Mode (UPS Next Day, UPS 2nd Day, Federal Express, Airborne, etc.) is requested, indicate which mode under "OTHER" and estimate the amount.

SIGNED _____ TITLE _____ DATE _____