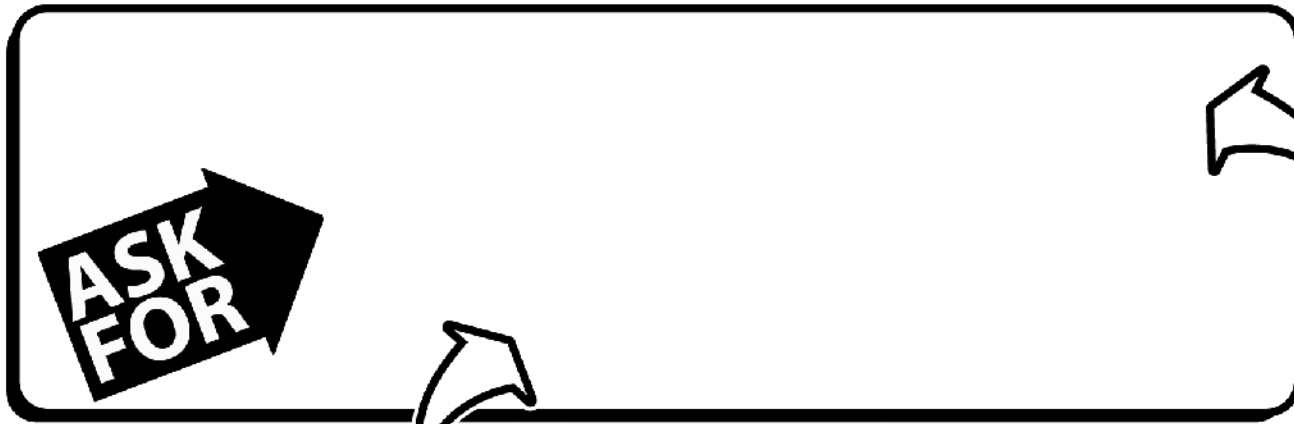


Name Rider Order Form



**YOUR
NAME**

Maximum 3 Lines of text

PLEASE COMPLETE THE ABOVE RIDER AS YOU WOULD LIKE THEM SCREENED - PLEASE PRINT

PLEASE **CIRCLE** CHOICE

Color of Letters: RED BLACK DARK BLUE
Quantity: 10 20 30 40 40+
Size: 6" x 24"

PLEASE NOTE:

Default color: Red letters on white background
Default size: 6 mil. White coroplast

GROMMETS: 30¢ ea. (optional)

Grommet Placement



IMPORTANT

Please mark diagram for placement including dimensions

SHIPPING INFORMATION

Agent Name: _____ Day Phone: _____
Company Name: _____ Fax Number: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Email Address: _____

Credit Card #: _____ Exp Date: _____
Security Code: _____
Billing Address: _____

INFORMATION MUST BE COMPLETE FOR ORDER VALIDATION!

Signature: _____
Must Have Signature



www.remsinfo.com

Fax completed form to:
(714) 229-0904



www.remsinfo.com

#: _____ **REP:** _____ **DATE:** _____