

A Division of *DAMILIC* Corporation **Signature form for SigFile2 (Windows)**

Company Name: Shipping Address:

Please MAIL form to: Damilic Corporation Telephone: 301-251-2960 or 800-345-7446

601-7 Dover Road Fax: 301-251-8591

Rockville, MD 20850

Please sign your name three times, then check your preferred version. If a larger area is required, please feel free to write outside the box or to create your own form. (NOTE: the dashed line is a horizontal reference that will be used by Signature Systems to insure true horizontal presentation of the signature).

Standard Priority 1	TURNAROUND 10 Business Days 1 Business Day 3 Business Days 5 Business Days	PRICE \$ 75/Name, \$15/word (PS) \$150/Name, \$30/word (PS) \$115/Name, \$25/word (PS) \$15/Name and/or (PS)	SHIPPING 1-3 lbs. UPS Ground 1-3 lbs. UPS Ground +COD 1-3 lbs. UPS Overnite 1-3 lbs. UPS 2 nd Day Fedex 2 nd Day Fedex Overnight	\$7.00 \$11.00 \$28.00 \$13.00 \$12.00 \$26.00
EMAIL ADDRESS:				NC
CREDIT CARD () credit card number				
EXPIRATION DATE: NAME ON CARD:				
SEND INV	OICE ()			
Please supply us with your name & telephone number:				
DI EAGE TIME OF PRINT THE GIGNATURE NAME				
PLEASE TYPE OR PRINT THE SIGNATURE NAME:				
Prefer	red			
Preferred				
Prefer	red			
Tielen	eu			