



Graphics Form

Department: \_\_\_\_\_  
Submitted by: \_\_\_\_\_

Date: \_\_\_\_\_  
Order # \_\_\_\_\_

Top Tube		Quantity:
Organization Name: _____		
Left Side / Right Side Specific	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Size:	<input type="checkbox"/> 1.75" x 13"	<input type="checkbox"/> Custom _____
Font:	<input type="checkbox"/> Std. Block	<input type="checkbox"/> Custom _____
Color:	<input type="checkbox"/> White	<input type="checkbox"/> Black
	<input type="checkbox"/> Custom	_____
Reflective:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Reflective Color _____
Graphics file received?	<input type="checkbox"/> Yes	<input type="checkbox"/> No _____
Note: _____		

Down Tube		Quantity
Organization Type:	<input type="checkbox"/> Police	<input type="checkbox"/> Sheriff
	<input type="checkbox"/> EMS	<input type="checkbox"/> Fire
	<input type="checkbox"/> Medic	
<input type="checkbox"/> Public Safety	<input type="checkbox"/> Fire/Rescue	<input type="checkbox"/> Military Police
		<input type="checkbox"/> Security
Left Side / Right Side Specific	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Size:	<input type="checkbox"/> 2" x 15"	<input type="checkbox"/> Custom _____
Font:	<input type="checkbox"/> Std. Block	<input type="checkbox"/> Custom _____
Color:	<input type="checkbox"/> White	<input type="checkbox"/> Black
	<input type="checkbox"/> Custom	_____
Reflective:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Reflective Color _____
Graphics file received?	<input type="checkbox"/> Yes	<input type="checkbox"/> No _____
Note: _____		

Logo / Badge / Decal		Quantity
<input type="checkbox"/> Logo	<input type="checkbox"/> Badge	<input type="checkbox"/> Decal
		Size _____
Graphics file received from Department	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Reflective:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Reflective Color _____
Note: _____		