

# FRAMERS PLATE FAX ORDER

Email: sales@engraveworx.com.au  
 Web: www.engraveworx.com.au  
 Shop 5, Station Rd  
 Burgengary Qld. 4506  
 Phone: (07) 3888 4638  
 Mobile: 0419 753 035  
 Fax: (07) 3888 4649  
 ABN: 15 707 400 924



Date: ..... / ..... / .....

Purchase Order No: .....

**Fax to: (07) 3888 4649**

<b>Your Customers Details:</b>  Name:..... Address:..... Phone:..... Fax:..... Contact Name:..... O/No:.....	<b>Deliver To:</b> <i>Please stamp your details here. (Including Name, Phone &amp; Fax Numbers.)</i>   <b>Pick Up-</b> <input type="checkbox"/> <b>Send-</b> <input type="checkbox"/> Registered Post <input type="checkbox"/> Express Post <input type="checkbox"/> Courier <input type="checkbox"/>
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**Plate Size:** Height:  $\updownarrow$  ..... mm Length:  $\leftrightarrow$  ..... mm or Best Fit:   
*(Size includes additional layers.)*

<b>Plate Colour:</b> <input type="checkbox"/> Brushed Gold/Black <input type="checkbox"/> Blue Marble/Gold <input type="checkbox"/> Brushed Gold/Blue <input type="checkbox"/> Red Marble/Gold <input type="checkbox"/> Brushed Silver/Black <input type="checkbox"/> Green Marble/Gold <input type="checkbox"/> Brushed Copper/Black <input type="checkbox"/> Matt Black/Gold <input type="checkbox"/> Deep Bronze/Black <input type="checkbox"/> Gloss Black/Gold <input type="checkbox"/> Other.....	<b>Corner Style:</b> <input type="checkbox"/> Standard.. $\left\{ \right.$ <input type="checkbox"/> Square.... $\left\{ \right.$ <input type="checkbox"/> Concave.. $\left\{ \right.$ <input type="checkbox"/> Round..... $\left\{ \right.$ <input type="checkbox"/> 45°..... $\left\{ \right.$ <input type="checkbox"/> Shaped $\rightarrow$ <i>Please show details here.</i>	<b>Quantity:</b> ..... <b>Additional Layers:</b> (eg. Contrasting border) Colour.....
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**PLEASE PRINT CLEARLY IN BLACK PEN ONLY**

Left Alignment     Centre     Right Alignment     Border

Plate Details:	CAPITALS	Upper/Lower	Font Code:
Line 1 .....	<input type="checkbox"/>	or <input type="checkbox"/>	
Line 2 .....	<input type="checkbox"/>	or <input type="checkbox"/>	
Line 3 .....	<input type="checkbox"/>	or <input type="checkbox"/>	
Line 4 .....	<input type="checkbox"/>	or <input type="checkbox"/>	
Line 5 .....	<input type="checkbox"/>	or <input type="checkbox"/>	
Line 6 .....	<input type="checkbox"/>	or <input type="checkbox"/>	

**Special Instructions:** .....

*Layout if Required*

Font Code:	Font Name:	Font Code:	Font Name:	Font Code:	Font Name:
(01)	Arial (12pt)	(05)	Times Roman (13pt)	(14)	Comic Sans (12pt)
(02)	Arial - Italic (12pt)	(06)	Times Roman - Italic (13pt)	(16)	COPPERPLATE GOTHIC (15pt)
(03)	Arial - Bold (12pt)	(07)	Times Roman - Bold (13pt)	(18)	Murray Hill (16pt)
(04)	Arial - Bold - Italic (12pt)	(08)	Times Roman - Bold - Italic (13pt)	(20)	STENCIL (13pt)
(10)	Black Chancery (14pt)	(12)	Brush Script (17pt)	(22)	Other:..... ( pt)

**Please Check all Details and SIGN:** **X**