



Basic Services Inc.

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SIGNATURE SPEC SHEET

Bill to:

Ship to:

Attn:

Phone Number:

Equipment Mfg.

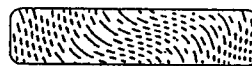
Model Number

Number of Plates:

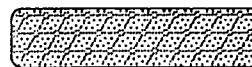
Number of signatures on each plate:

Special Instructions:
(titles and/or trademarks)

Background: No Background



Fingerprint



Dot

Sign each name twice in the blank space provided below. (Please do not allow signatures to touch.) Below each signature, please PRINT the name exactly as signature should appear. Please use black ink.

Top Signature

Bottom Signature

Print Name:

Print Name:

If possible, please fax a copy of current signature plate imprint with this form.