

IMPRINTED THERMOMETER ORDER FORM

Phone: 800-332-2500 • Fax: 800-227-1511 • Email: orders@allpointsfps.com

Instructions: This order form **MUST** be used for all imprinted thermometers. PLEASE FILL OUT THE EXACT SPECIFICATIONS. Custom-made items are **NOT RETURNABLE**. You can fax this form or email it to **orders@allpointsfps.com**.

Shipping Information (if different):

_____ Company Name		_____ Account Number	_____ Name		
_____ Address		_____ Street Address			
_____ Phone Number	_____ Fax Number		_____ City	_____ State	_____ ZIP Code
_____ Email Address		Please Check One: <input type="checkbox"/> Quote <input type="checkbox"/> Order			
_____ Authorized By	_____ Purchase Order Number		_____ Quoted Price		_____ Quoted By (Salesperson)

Please Note:

- Minimum quantity of 100 – Orders must be in multiples of 50 (i.e. 150, 200, 250, etc.)
- Four lines allowed
- Only 30 characters per line, **including spaces**
- Logos are available, but you must provide camera-ready art such as a business card or your company letterhead

Quantity

- _____ **300-1052** Dual mount design
(No. 138-1079)
- _____ **300-1053** Top mounting bracket
(No. 138-1080)
- _____ **300-1054** Top and bottom mounting bracket
(No. 138-1081)

Check this box if your order is an exact reprint of a previous order. (If checked, do not complete bottom portion.)

Check the appropriate box for blocked or centered imprint. See examples below:

BLOCKED IMPRINT CENTERED IMPRINT

Franklin Machine Products
101 Mt. Holly By-Pass
Lumberton, NJ 08048
(609) 267-3700

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Options: (Select options for each line below)

A: Upper Case = ALL CAPS

B: Bold = **darker than regular print**

C: Initial Caps = First Letter Of Each Word Is Capitalized
And The Rest Are Lower Case

D: Regular print

PLEASE ENTER INFORMATION EXACTLY AS IT SHOULD APPEAR ON THERMOMETER	CHECK OPTIONS
Line 1	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D
Line 2	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D
Line 3	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D
Line 4	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D