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NAMES / LETTERING ORDER FORM

E X A M P L E	NAME or WORDING REQUIRED			STYLE NUMBER	SIZE or CAPITAL LETTER HT	MAIN COLOUR	SHADOW or 2nd COLOUR	NUMBER OF TIMES NEEDED	TOTAL COST	
	WINDY RIDGE			881	3"	WINE		2	19	80
	Maximum HEIGHT available	7"	Maximum LENGTH available	47"	ANY SPECIAL INSTRUCTIONS →					

USE THIS EXAMPLE AS A GUIDE WHEN COMPLETING THE ORDER FORM

NAME ORDER	NAME or WORDING REQUIRED			STYLE NUMBER	SIZE or CAPITAL LETTER HT	LETTER/MAIN COLOUR	SHADOW or 2nd COLOUR	NUMBER OF TIMES NEEDED	TOTAL COST	
1										
	Maximum HEIGHT available		Maximum LENGTH available	ANY SPECIAL INSTRUCTIONS →						
2										
	Maximum HEIGHT available		Maximum LENGTH available	ANY SPECIAL INSTRUCTIONS →						
3										
	Maximum HEIGHT available		Maximum LENGTH available	ANY SPECIAL INSTRUCTIONS →						
4										
	Maximum HEIGHT available		Maximum LENGTH available	ANY SPECIAL INSTRUCTIONS →						
5										
	Maximum HEIGHT available		Maximum LENGTH available	ANY SPECIAL INSTRUCTIONS →						
6										
	Maximum HEIGHT available		Maximum LENGTH available	ANY SPECIAL INSTRUCTIONS →						
7										
	Maximum HEIGHT available		Maximum LENGTH available	ANY SPECIAL INSTRUCTIONS →						
8										
	Maximum HEIGHT available		Maximum LENGTH available	ANY SPECIAL INSTRUCTIONS →						
9										
	Maximum HEIGHT available		Maximum LENGTH available	ANY SPECIAL INSTRUCTIONS →						
10										
	Maximum HEIGHT available		Maximum LENGTH available	ANY SPECIAL INSTRUCTIONS →						

SUBTOTAL A (Transfer to Complete Order Form overleaf) £

PLEASE REMEMBER TO FILL IN ALL YOUR DETAILS OVERLEAF

OTHER ITEMS ORDER FORM

QUANTITY REQUIRED	DESCRIPTION (PLEASE INCLUDE ALL NECESSARY DETAILS - COLOUR / WIDTH / SIZE / PATTERN etc)	PRICE
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		

FOR OFFICE USE ONLY

Vat Reg No: GB 547 5577 04

VAT INVOICE

D.L.

SEND BROCH

TIME IN

65

SUB TOTAL B other items			
SUB TOTAL A from overleaf			
PLEASE DELETE THE DESPATCH SERVICE NOT REQUIRED	EXPRESS SERVICE	14	95
	STANDARD SERVICE	4	95
COMPLETE ORDER TOTAL £			

Daytime Phone No (in case of query) _____ DATE _____

SIGNED _____

I enclose CHQ / PO payable to SAC for the amount of £ _____

OR Please debit my credit/debit card (Mastercard/Visa/Maestro/Delta)

CARD NUMBER

EXPIRY DATE VALID FROM SECURITY CODE MAESTRO ISSUE No.

ADDRESS AT WHICH CARD IS REGISTERED - MUST BE COMPLETED

CARDHOLDER NAME _____

HOUSE / PROPERTY NUMBER at which card is registered _____

POST CODE at which card is registered _____

DELIVERY ADDRESS - PLEASE WRITE CLEARLY AS THIS LABEL WILL BE USED TO RETURN YOUR ORDER

NAME _____

ADDRESS _____

POSTCODE _____

PLEASE RETURN IN POST PAID ENVELOPE SUPPLIED

OR POST TO
SAC Graphics, Enville Street, Stourbridge, West Midlands. DY8 3TD

OR FAX TO 01384 441787

OR BY PHONE 01384 443744