




Name Rider Order Form



**YOUR NAME**

Maximum 3 Lines of text

PLEASE COMPLETE THE ABOVE RIDER AS YOU WOULD LIKE THEM SCREENED - PLEASE PRINT

PLEASE CIRCLE CHOICE

Color of Letters: RED BLACK DARK BLUE

Quantity: 10 20 30 40 40+

Size: 6" x 24"

PLEASE NOTE:

Default color: Red letters on white background
Default size: 6 mil. White coroplast

GROMMETS: 30¢ ea. *(optional)*

Grommet Placement



IMPORTANT

Please mark diagram for placement including dimensions

SHIPPING INFORMATION

Agent Name: _____ Day Phone: _____
Company Name: _____ Fax Number: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Email Address: _____

Credit Card #: _____ Exp Date: _____
Security Code: _____
Billing Address: _____

INFORMATION MUST BE COMPLETE FOR ORDER VALIDATION!

Fax completed form to:
714-229-0904

OR

Email completed form to:
sales@remsinfo.com



www.remsinfo.com