



**PRO INC**  
Scoring Tables

# WALL PAD ORDER FORM

2600 Harrison Ave. Rockford IL 61108  
800 962-2440 Fax 815 229-3308

**ORDER FORM MUST BE SIGNED**

✱

**To Order You Need:**

PHONE \_\_\_\_\_

FAX \_\_\_\_\_

E-MAIL \_\_\_\_\_

**SHIP TO**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ATTN: \_\_\_\_\_

TAX EXEMPT # \_\_\_\_\_

**Purchase order (or down payment of \$1000.00)**  
**Signed Order Form**  
**Panel Layout Form**  
**Camera Ready Artwork**

**You May Fax Everything Except  
Camera Ready Art**

**SEND ART AND SAMPLE TO:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ATTN: \_\_\_\_\_

<u>QTY</u>	<u>SIZE</u>	<u>COLOR</u>	<u>TOTAL PRICE</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**BILL TO** Unless Stated On P.O.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ATTN: \_\_\_\_\_

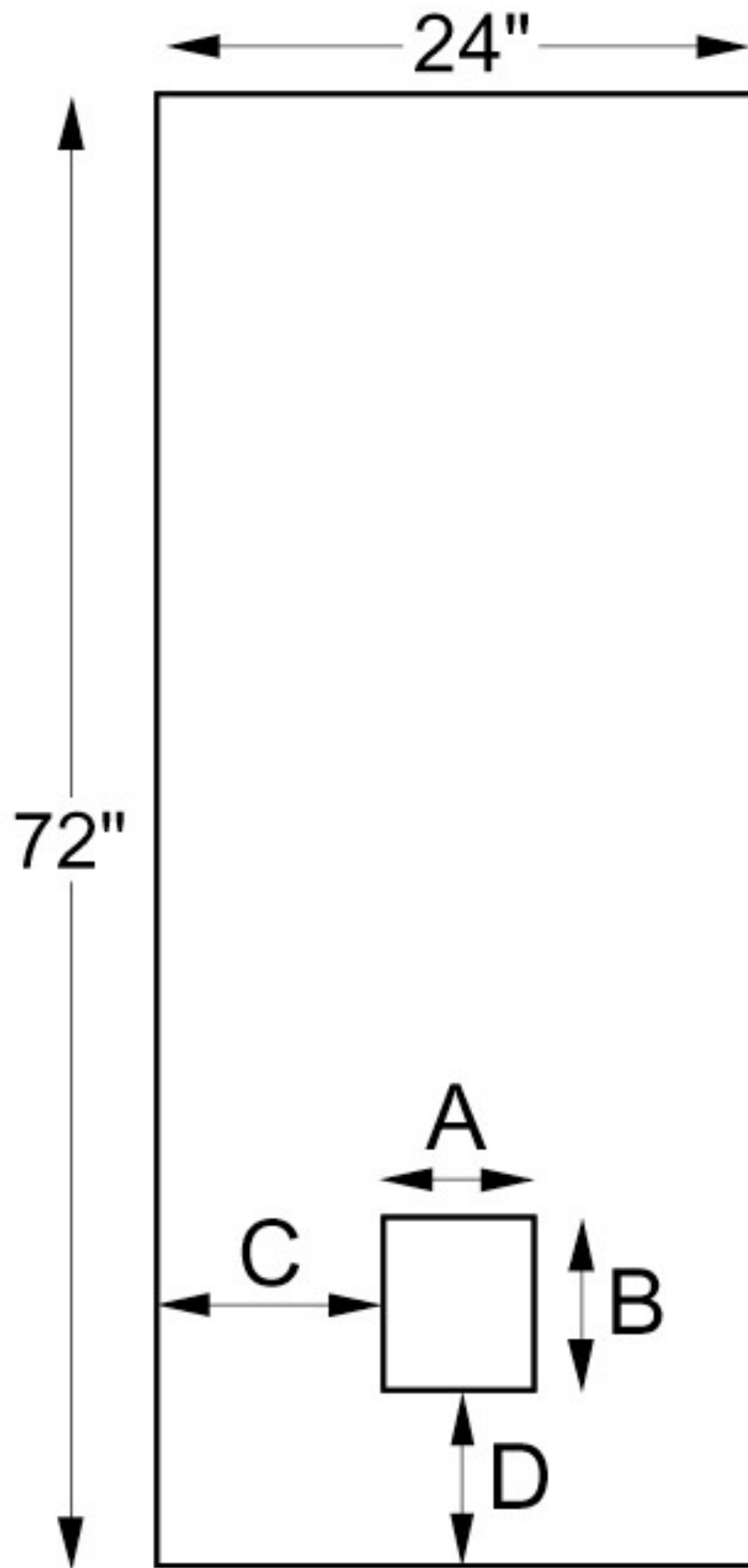
Schools Without a Loading Dock add \$120.00 for a lift gate

\*Schools are responsible for removal of freight from truck

SHIPPING \_\_\_\_\_

County \_\_\_\_\_ TAX \_\_\_\_\_

**TOTAL** \_\_\_\_\_



A= \_\_\_\_\_ "

B= \_\_\_\_\_ "

C= \_\_\_\_\_ "

D= \_\_\_\_\_ "

Desired  
Location for  
Bottom of  
Padding  
4" maximum  
from Floor