



Signature Form

Company Name: _____
Shipping Address: _____

Contact: _____ Tel: _____
Fax: _____ E-Mail: _____

Please **MAIL** form to: *DAMILIC Corporation* Telephone: 301-251-2960 or 800-276-7749
14670 Southlawn Lane Fax: 301-251-8591
Rockville, MD 20850

Please sign your name or text in the box provided on Page Two. **It is important to sign your name EXACTLY as you wish to see it reproduced (both angle and size).** Feel free to copy this form and provide several samples of your signature, being sure to identify the preferred signature.

<u>SERVICE</u>	<u>TURNAROUND</u>	<u>PRICE</u>	<u>SHIPPING</u>
Standard – SD Card	10 Business Days	\$185/Name + \$15/word	All shipping FOB Rockville, MD
Expedited – SD Card	24 hours	\$235/Name + \$20/word	All shipping FOB Rockville, MD
Standard – Cartridge	10 Business Days	\$195/Name + \$15/word	All shipping FOB Rockville, MD
Expedited – Cartridge	24 hours	\$245/Name + \$20/word	All shipping FOB Rockville, MD

Check your billing preference below:

- Please send me an invoice when the cartridge/SD memory card is shipped.
- Please use my credit card after the cartridge/SD memory card is shipped.

Credit Card Type: _____ Card Number: _____ Exp. Date: _____ Verification No. _____

Will the signature be inverted? (*see Note 6 below*) Yes No

Machine Model: _____ Serial Number: _____

PLEASE TYPE OR PRINT THE SIGNATURE NAME: _____

(for cartridge/memory card)

GUIDELINES FOR MAKING SIGNATURES

- Please provide us with **several samples** of this requested signature.
- It is important to **sign your name EXACTLY** as you wish to see it reproduced. (Both angle and size)
- Choose the signature you prefer by placing a check mark close to it. If you want us to choose the signature, do not check a selection.
- Please provide us with the **accurate spelling** of the name.
- Try to use the same pen for the samples as will be used with the machine. If more than one pen type will be used, please prepare the samples using the finest pen tip that will be used.
- The left margin on the writing surface is restricted. Therefore, if you intend to sign documents that are closer than one inch on the left side of your document, you will need to buy an inverted signature cartridge/memory card (*signature is reproduced upside down, allowing you to sign from the unrestricted edge*).
- For signatures on general correspondence we recommend you type a **sample signature block** to assist you, i.e.:

Sincerely,

John Doe, Director

Signascript Signature Signing Machines Distributed by DAMILIC Corporation

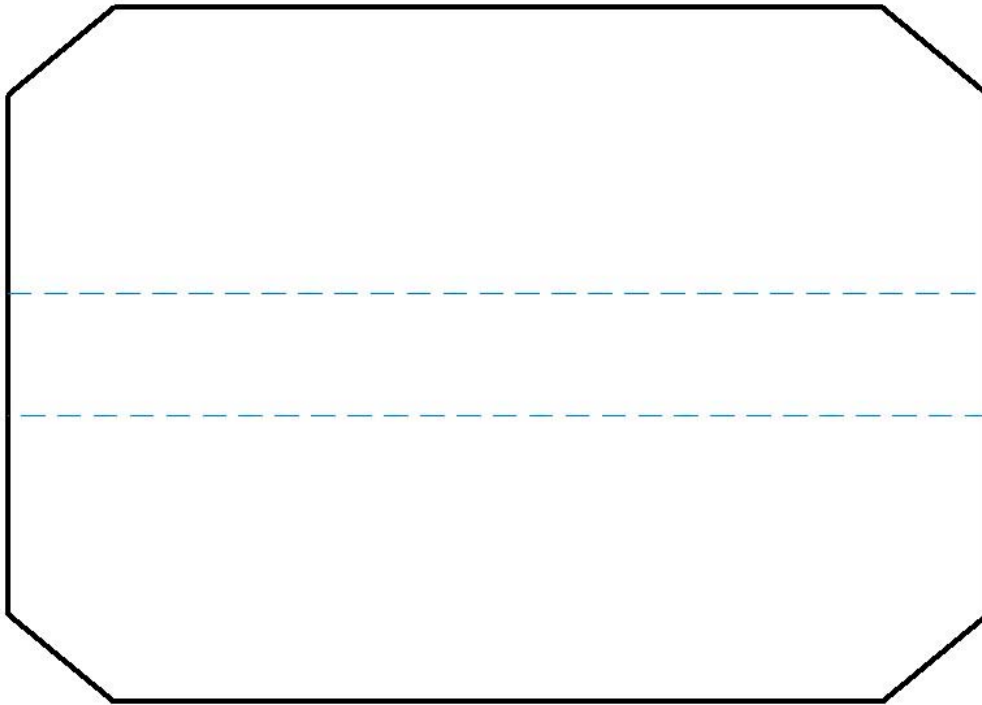
Signature Form (Page Two)

PLEASE WRITE YOUR SIGNATURE IN THE BOX BELOW

Make a copy of the form if you are sending more than one sample.

If you send multiple copies of your signature, check (✓) your favorite.

Note: The two dotted lines in the box below are for reference only. *The space between the two dotted lines represents the size of a normal signature block in a letter (blank space between the closing, i.e. Sincerely Yours, and the typed signature and title).* You can write your signature as large or small as you want. However, please note that we will **reproduce** your signature **EXACTLY** as you give it to us, both in **ANGLE** and **SIZE**.



IMPORTANT – SEND ORIGINAL

Please mail us your original signature sheet to produce the finest signature.

Faxing the form will often distort and change the size of the signature.

If you prefer to email us the signature, please follow the instructions below.

- The signature sheet must be scanned in at 300 DPI using Sharp black and white format.
- The signature should be saved in the .TIF format. We will accept the .JPEG, .GIF or bitmap format; however, our preference is the .TIF format.
- Please provide us with the length and width of the signature.
- Please provide us with the accurate spelling of the name.

Signascript Signature Signing Machines, Distributed by:

DAMILIC Corporation

14670 Southlawn Lane, Rockville, MD 20850

Tel: (800) 345-7446 or (301) 251-2960; Fax: 301-251-8591; www.realsig.com