



A Division of DAMILIC Corporation
Signature Form for SigFile1 (DOS)

Company Name: _____
Shipping Address: _____
Please MAIL form to: DAMILIC Corporation Telephone: 301-251-2960 or 800-345-7446
14670 Southlawn Lane Fax: 301-251-8591
Rockville, MD 20850

Please sign your name three times, then check your preferred version. If a larger area is required, please feel free to write outside the box or to create your own form. (NOTE: the dashed line is a horizontal reference that will be used by Signature Systems to insure true horizontal presentation of the signature).

<u>SigFile 1 TURNAROUND</u>		<u>PRICE</u>	<u>SHIPPING</u>	
Standard	10 Business Days	\$ 60/Name, \$10/word (PS)	1-3 lbs. UPS Ground	\$7.00
Priority 1	1 Business Day	\$140/Name, \$30/word (PS)	1-3 lbs. UPS Ground +COD	\$11.00
Priority 2	3 Business Days	\$105/Name, \$25/word (PS)	1-3 lbs. UPS Overnite	\$28.00
Re-issue	5 Business Days	\$10/Name and/or (PS)	1-3 lbs. UPS 2 nd Day	\$13.00
			Fedex 2 nd Day	\$12.00
			Fedex Overnight	\$26.00
			Email	NC

EMAIL ADDRESS: _____

CREDIT CARD () credit card number _____

EXPIRATION DATE: _____ NAME ON CARD: _____

SEND INVOICE ()

Please supply us with your name and telephone number: _____

PLEASE TYPE OR PRINT THE SIGNATURE NAME: _____

Preferred

Preferred

Preferred
