DAMILIC Corporation
601-7 Dover Road, Rockville, Maryland 20850, Tel 301-251-2960, Fax 301-251-8591
Authorization Form to Make Signature Template -MAIL Original Sample to Damilic



Company Name:	
Contact Person:	Telephone:
Fax: Email: _	<del></del>
City State Zin:	
Billing Address:	
City, State, Zip:	
Payment: Invoice Credit Card	d (Please provide credit card information below.)
Credit Card #:	Exp. Date: 3 digit CVV code on back of card:
Machine Model: Serial Number:	Exp. Date: 3 digit CVV code on back of card:
CORRECT SPELLING OF SIGNATURE N	NAME:
Will this he are increased at an	4 O
Will this be an inverted sign	
(Inverted signatures sign upside down; some	the boxes below and indicate your sample of preference.
Frovide at least timee original signatures in t	the boxes below and indicate your sample of preference.
	TIPS FOR A BETTER SIGNATURE REPRODUCTION
	✓ Try to use the same pen for the samples as will be
	used on your Autopen. We suggest you use your
	favorite pen.
	✓ Do not use period, dots, dashes, or extra marks
	unless absolutely necessary or it is a part of your
	signature
	✓ Occasionally, a feature of a person's signature
	becomes his/her "icon". If this is the case, please
	nclude this information along with any other special instructions.
	special instructions.
	✓ It is important that you sign your signature
	<b>EXACTLY</b> as you wish to see it reproduced - both
	Size angle
	INDICATE DESIRED SERVICE - Unless checked,
	We will use the Standard Delivery method.
	The same are granted a 2011/01 y methods
	CHECK ONE (STANDARD OR EXPEDITED)
	Standard Delivery for Signature Template
	(15 business days)* 9
	(M-80 \$195 or PT \$195, plus freight)*
	Expedited Delivery for Signature Template
	(5 business days)* 9 (M-80 \$245 or PT \$245, plus freight)*
	* Each additional word is \$15.
	*Highly intricate signatures may require additional fees.
	riging moreuse against inag require auditional rees.
	Prices effective July 1, 2013