Personalization Worksheet

PAYMENT INFORMATION Type: MC VISA DISC AMEX P-CARE UNV. REQ. OTHER	Date: D Sales Clerk:
Account # /	**Write legibly** **Validate on back**
CUSTOMER INFORMATION Need Date: Customer Name:	
TEXT TO BE: Engrave Laser Etch Exact text:	Item: SKU: Price: \$
Proof Requested	Engraving SKU: Price: \$ **\$12.00 minimum**