HEDMAN®

THE HEDMAN COMPANY
189 Gordon Street, Elk Grove Village, IL 60007-1118 USA
PHONE: (847) 718-6500 FAX: (847) 718-0603

SIGNATURE SPECIMEN FORM

ALL APPROPRIATE INFORMATION MUST BE CONFINED WITHIN SPACES OUTLINED BELOW, INCLUDING CUSTOMER INFORMATION REGARDLESS OF SHIPPING LOCATION. **ALL PLATES WILL BE SHIPPED TO DESIGNATED OFFICIAL BELOW UNLESS OTHERWISE SPECIFIED. THERE WILL BE AN ADDITIONAL HANDLING CHARGE IF THIS FORM IS NOT SUBMITTED.**

SALES CODE: _____   AUTHORIZED DISTRIBUTOR'S
SIGNATURE: _____

PO# FOR INQUIRY: _____   TYPE OF TURNAROUND DESIRED: SHIP TO: ☐ DISTRIBUTOR
☐ 24 HRS. ☐ PRIORITY 1 ☐ ECONOMY   ☐ CUSTOMER

ORDER WILL NOT BE PROCESSED WITHOUT CUSTOMER INFORMATION

OFFICIAL TO WHOM PLATE(S) SHOULD BE SENT: _____
FIRM: _____
ADDRESS: _____
CITY: _____   STATE:_____   ZIP CODE: _____

PLEASE USE BLACK BALL-POINT PEN.

CHECK ONE: ☐ SINGLE ☐ TRIPLE SIGNATURES   CHECK ONE: ☐ DOUBLE SIGNATURES   ☐ SPLIT PLATES

☐   ☐

PRINT SIGNATURES HERE   PRINT SIGNATURES HERE:

_____   _____
_____   _____
_____

(INDICATE TITLE(S) ONLY IF YOU WISH TITLE TO BE PRINTED ALONG WITH SIGNATURE)
PLEASE INDICATE IF YOU WISH ANY OF THE FOLLOWING TO APPEAR ON
SIGNATURE PLATE:
TITLE(S):_____
BACKGROUND NO.:_____
LEGEND(S): _____
LOGO(S): _____
ID#: _____
IF ORDERING A LOGO, PLEASE PROVIDE BLACK & WHITE CAMERA READY PHOTO.

☐ CHECK HERE IF SIGNATURE PLATE IS TO CONTAIN UV SECURITY LEGEND

SPECIAL INSTRUCTIONS:
_____
_____
_____

FOR DISTRIBUTOR USE ONLY				
SERIAL #			REGULAR ☐ REVERSE ☐	
MODEL	PART #	DESC	QTY	ILLUSTRATION
SOM	4.4243	MAC		
	8.6146	TCP		
N.S. COMP	4R1525	MAC		
	8R1535	TCP		
O.S. COMP	4R1512	MAC		
	8R1533	TCP		
SPLIT PLATE	4R1161	MAC		
	8R1539	TCP		
EDP 1000/2000	7P1413	TCP		
EDP 3000/3600/PLUS	7P1496	TCP		
ALL EDP	4P1933	SPECIAL		

Mail Completed Form To The Following: