LEATHER HELMET SHIELD ORDER FORM

Precision Art Shields, Ltd. VOICE: 1-631-789-8770 • FAX: 1-631-789-8836

PURCHASE ORDER #: _____ **DATE:** _____

BILLING INFORMATION

NAME: _____

DEPARTMENT: _____

STREET ADDRESS: _____

APT. NUMBER: _____

CITY/STATE/ZIP: _____

PHONE: _____ CELL: _____ FAX: _____

EMAIL ADDRESS: _____

SHIPPING ADDRESS

NAME: _____

STREET ADDRESS: _____

APT. NUMBER: _____

CITY/STATE/ZIP: _____

METHOD OF PAYMENT (Check One)

CASH ___ CHECK ___ MONEY ORDER ___ P.O. NUMBER ___ MASTERCARD ___ VISA ___

CARD NUMBER: _____

CARDHOLDER NAME: _____

EXP. DATE: _____

THREE DIGIT SECURITY CODE: _____

DRIVER'S LICENSE NUMBER: _____

SIGNATURE: _____

ITEM #	PRODUCT DESCRIPTION	QUANTITY	PRICE EACH	TOTAL

SHIPPING METHOD

UPS GROUND: _____

UPS NEXT DAY AIR: _____ UPS 2ND DAY AIR: _____

UPS 3 DAY SELECT: _____ PICK UP:

SUBTOTAL: _____

TAX (8.625%): _____

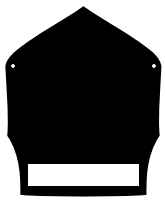
SHIPPING: _____

TOTAL: _____

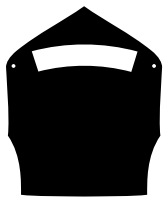
Leather Helmet Shields Order Form

CIRCLE CHOICE

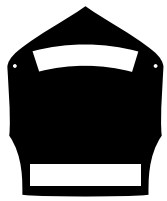
PASL-1



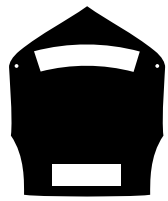
PASL-1A



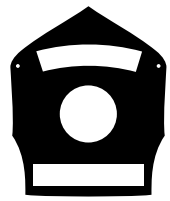
PASL-2



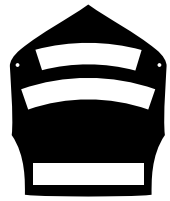
PASL-2A



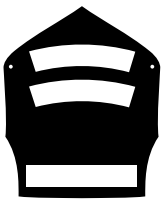
PASL-2B



PASL-3



PASL-3A



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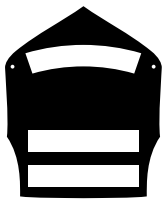

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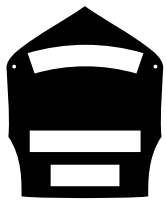
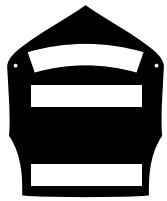
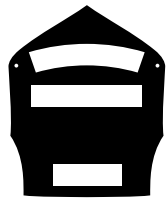


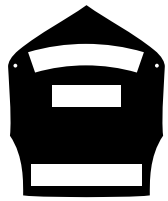
PASL-3D



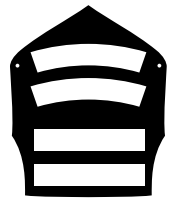
PASL-3E



PASL-3F

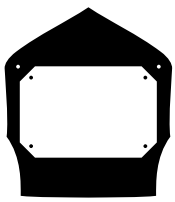


PASL-4

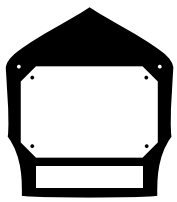


PASL-INSERT

PASL-NYFI



PASL-NYFI-1



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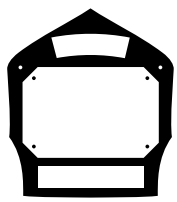

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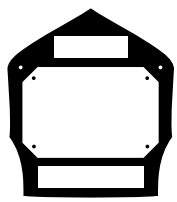


PASL-NYFI-4

(CHOOSE STYLE OF LEATHER)

☐ MAT ☐ PATTEN

STANDARD SHIELD ☐

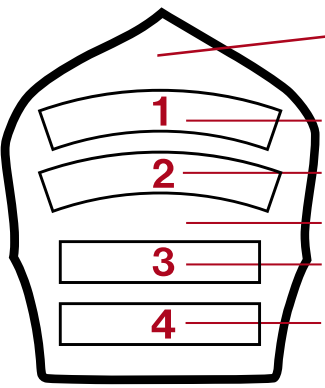
QUANTITY _____

☐ NYFI SHIELD

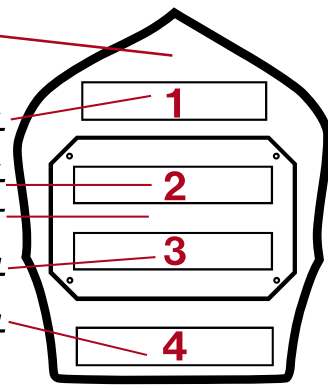
QUANTITY _____

COLOR OF SHIELD _____

SHIELD TO READ



TOP PANEL	_____	*TOP PANEL*
2ND TOP PANEL	_____	*2ND TOP PANEL*
CENTER	_____	*INSERT*
2ND BOTTOM PANEL	_____	*2ND BOTTOM PANEL*
BOTTOM PANEL	_____	*BOTTOM PANEL*



ADDITIONAL INSTRUCTIONS

CENTER NUMBER

☐ RECESSED ☐ RAISED/SEWN ON COLOR _____

PANEL COLOR _____ ☐ REFLECTIVE ☐ NON-REFLECTIVE

PRINT COLOR _____

CENTER STYLE MEDALLIONS

COLOR ☐ GOLD ☐ TWO TONE ☐ SILVER

☐ 5 BUGLES
☐ 4 BUGLES
☐ 3 BUGLES
☐ 2 CROSSED BUGLES
☐ 2 STANDING BUGLES
☐ 1 STANDING BUGLE

RANK

☐ CHIEF
☐ ASST. CHIEF
☐ DEPUTY CHIEF
☐ CAPTAIN
☐ LIEUTENANT