

## **CUSTOM LIBRARY HOURS DECAL FORM**

1. CUSTOMER INFORMATION	N	
Customer Number (see mailing	label)	
Order Number (if known)		
Name		
Title		
Department		
Organization		
Street (No P.O. Boxes)		
City	State	Zip
Phone	FAX	<del>-</del>
E-mail		
Check here if you DO NOT w	vant to receive	e-mail promotions & offers
2 INDICATE THE DECAL OR	DERED.	
2. INDICATE THE DECAL ORI	DEKED:	
Item Number		Quantity
Item Number		
3. LIBRARY PHONE NUMBER:		
3. LIBRARY PHONE NUMBER: (if applicable)		
3. LIBRARY PHONE NUMBER:		
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Please allow 2–3 weeks for delivery. Email form to sales@vernlib.com