

## Ridgeway Communications Enterprises, LLC

Hotel Name:					
Address:			City, State, Zip:		
Main Phone #:			Fax #:		
Material:	Paper	Vinyl w/Adhesive	Vinyl w/Tabs Clear Overlay		Clear Overlay
Material Color:	Grey	Cream	White	Other	
How many phone models do you have? How many phones in each room?					
How many room	ns do you have	?			
Faceplate Quant	ity (Min 25 per m	odel):			
Phone Model(s):	:				
Do you want roc (if yes, please provi		inted? Yes		No	
Please send a cle	ear picture or o	outlined copy of your	current faceplat	tes to us with the	his form.
Do you have a d	eadline?	Yes	No		
If Yes, Why?		Inspection	Renovation	Name	Change
When do you ne (please keep in mine	•	ar property?	at least 3-4 weeks	for proofing, prin	ting and shipping)
Contact Name:					
Contact E-Mail:					
Contact Phone: (if different from hotel m	nain number)				
than one model, we	need a copy of e	with a picture or outlined ach one that you need print eplates@Ridgewayinc.co	nted.		printed. If you have more

Phone: 901-363-7262 ~ Toll Free: 1-800-900-7263 ~ Fax: 901-312-3434 www.ridgewayinc.com