CUSTOMER FRAME RECYCLE/RE-STRETCHING ORDER FORM

Send with Frames to be Recycled/Re-Stretched

* Must Be Completed, Prior to Processing Order

Lawson Customer #:	
Customer Information: *Company Name: *Contact Name:	*Phone Number: *Cell Phone: *E-Mail Address:
Order Information: Purchase Order #:	Date Shipped (to Lawson):/
Ship To: Address: City: State: Zip Code:	Requested/Want Date://
OR Check Here if picking up at Lawson (5110 Penrose St. • St. Louis, MO 63115)	
How did you hear about our Recycle/Restre	tching Service?
Credit Card Payment Information (if credit card Credit Card # Exp Exact Name on Card: Credit Card Billing Address: City:	Date: / C.I.D. Code:
TOTAL COUNT =	
Notice: There is an additional \$10.00 per/frar mesh/frame. Frames with broken cor	
*Customer Signature:	Date: / /

