# CUSTOMER PRAME RECYCIE/ RE-SIREICHING ORDER FORM <br> Send with Frames to be Recycled/Re-Stretched <br> * Must Be Completed, Prior to Processing Order 

Lawson Customer \#: $\qquad$

Customer Information:
*Company Name:
*Contact Name:
$\qquad$
$\qquad$
Order Information:
Purchase Order \#: $\qquad$
Ship To:
Address:
City:
State: $\qquad$ Zp Code:

OR Check Here $\square$ if pic king up at Lawson (5110 Penrose St. • St. Louis, MO 63115)
*Phone Number:
*Cell Phone:
*E-Mail Address:

Date Shipped (to Lawson):______________
Requested/Want Date: _ /__/
SpecialShipping Notes:
$\qquad$

How did you hear about our Recycle/Restretching Service? $\qquad$

Credit Card Payment Information(if credit card is not on file)
Credit Card \# $\qquad$ Exp. Date:
/
C.I.D. Code: $\qquad$
Exact Name on Card:
Credit Card Billing Address:
City: $\qquad$ State: $\qquad$ Zp: $\qquad$
Screen Recycle/ Restretching Information Quantity Size (Outside Dimensions) Wood/Alum. Desired Mesh Count White/Dyed


Notice: There is an additional $\$ 10.00$ per/frame clean-up charge if there is ink on mesh/frame. Frames with broken comer welds cannot be re-stretc hed.
*Customer Signa ture: $\qquad$ Date: $\qquad$

