

# Customer Frame Recycle/Re-Stretching Order Form

Send with Frames to be Recycled/Re-Stretched

Lawson Customer #: \_\_\_\_\_ (If known, skip Customer Info Section)

## Customer Information

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

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## Order Information

Purchase Order #: \_\_\_\_\_

Date Shipped: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Ship To:

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Requested Want/ Pick-Up Date:

\_\_\_\_/\_\_\_\_/\_\_\_\_

Special Shipping Notes:

**OR** Check Here \_\_\_ if picking up at Lawson

5110 Penrose St. • St. Louis, MO 63115

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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## Credit Card Payment Information

Credit Card # \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_ C.I.D. Code: \_\_\_\_\_

Exact Name on Card: \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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## Screen Recycle/Restretching Information

Quantity	Size (Outside Dimensions)	Wood/Alum.	Desired Mesh Count	White/Dyed
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Other Notes: \_\_\_\_\_

\_\_\_\_\_

Check Here \_\_\_ if you would like to receive a QUOTE for the order, prior to Recycling/Restretching

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_