

# Customer Order Form



10496 Stadt Rd Marshfield WI 54449  
 Phone: 715-591-2424  
 info@identitycustomimaging.com

---

First Name                      Last Name                      Email Address                      Phone Number

---

Shipping Address                      City                      State                      Zip Code

---

Billing Address- if different from shipping                      City                      State                      Zip Code

Order Form- Please Fill Out- Contact us for pricing				
Item Information	Pattern Choice	Finish Matte/Gloss	Quantity	Total
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
For Office Use Only-----Return Shipping added by Identity Custom Imaging upon completion				\$
			Total	\$

---

Special Instructions- Please add notes

**\*\*\*Average Turnaround time is 2 weeks once received\*\*\***

*Please fill out this form and include it with the items you are shipping to us.  
 ICI will add return shipping and calculate the grand total.  
 You will receive a copy of this form back with your items.  
 A separate invoice will be emailed or mailed to you.*