

AMITY FIRE COMPANY

REFLECTIVE ADDRESS MARKER ORDER FORM

Please complete the following information:

Name _____
Address _____
City, ST Zip _____
Phone Number _____

Address Number Requested

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

Note: If your address has fewer than 5 digits, please X those boxes not used.

Mounting Preference

HORIZONTAL _____
VERTICAL _____

Circle of you want Single or Double sided

HORIZONTAL

V
E
R
T
I
C
A
L

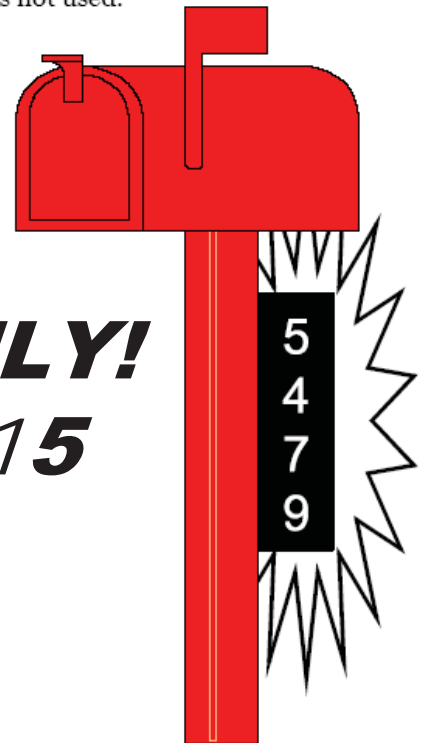
If you are attaching to your house you must select horizontal. (These signs will only be SINGLE sided)

Mail to:

Make Checks Payable to:
AMITY FIRE CO.

Mail to:
Amity Fire Co.
PO Box 383
Douglassville Pa, 19518

ONLY!
\$15



For Faster Service, Please Call