State Form 44516 (R/3-95)

PEN PRODUCTS
Prison Enterprises Network

# ORDER FORM

**Indiana Department of Correction**
6015 Guion Road
Indianapolis, IN 46254
**1-800-PEN-2550**
**317-387-2001**

| Ship to Address | Bill to Address | Customer Order # |
|---|---|---|
| | | |
| **Contact Person** | **Contact Person** | **Order Date** |
| | | |
| **Phone Number** | **Phone Number** | **Expected Delivery Date** |
| | | |

| QTY. | UNIT | CATALOG # | DESCRIPTION | UNIT PRICE | TOTAL PRICE |
|---|---|---|---|---|---|
| | each | **Aluminum Sign 42" x 32"** Blue lettering on White Background .100 Aluminum | | under five **$ 50.00** over five **$ 45.00** | |
| | each | **Aluminum Sign 42" x 10 "** Blue lettering on White Background .100 Aluminum | | 0-10 letters **$ 18.00** 11-20 letters **$ 19.00** 21-25 letters **$ 20.00** | |
| | each | **Aluminum Sign 18" x 24"** Blue lettering on White Background .080 Aluminum | | up to five **$ 20.00** over five **$ 15.00** | |
| | | | **Shipping/Delivery to be determined on each order** | **$** | |
| | | | | **SUB TOTAL** | |

1. Publicly owned facilities can pay by claim voucher. Please provide your tax exempt number.
2. Privately owned facilities should send payment with order. If tax exempt, please attach a copy of your tax exemption certificate.

| | |
|---|---|
| **5% Sales Tax** (if applicable) | |
| **Delivery Charge** (if applicable) | |
| **TOTAL** | |

| | | |
|---|---|---|
| **Authorized Signature and Title of Agency Head** | | |
| **Price Correct By:** | Authorized Sales Representative | **Date** |