



PEN - SPECIAL ORDER FORM

NAME _____

ADDRESS _____

ORDER DATE ____/____/ 2006

DATE REQUIRED ____/____/ 2006

Pen Black
 Blue

Pencil

Placement of engraving

A D
 B E
 C F

Medium

WOOD	ACRYLIC	MARBLED ACRYLIC
Banksia <input type="checkbox"/>	Red <input type="checkbox"/>	Red/Blue/Amber <input type="checkbox"/>
Beech <input type="checkbox"/>	Blue <input type="checkbox"/>	Amber/Black <input type="checkbox"/>
Black Palm <input type="checkbox"/>	Violet <input type="checkbox"/>	Red/Black <input type="checkbox"/>
Curly Jarrah <input type="checkbox"/>	Pink <input type="checkbox"/>	Blue/Black <input type="checkbox"/>
Flame Sheoak <input type="checkbox"/>	Black <input type="checkbox"/>	Cream Pearl/Black <input type="checkbox"/>
Goldfields Burl <input type="checkbox"/>	Green <input type="checkbox"/>	Blue/Black/Pearl <input type="checkbox"/>
Huon Pine <input type="checkbox"/>	Yellow <input type="checkbox"/>	Red Velvet <input type="checkbox"/>
Lace Sheoak <input type="checkbox"/>	Orange <input type="checkbox"/>	Black Velvet <input type="checkbox"/>
Padouk <input type="checkbox"/>	White <input type="checkbox"/>	White Pearl/Black <input type="checkbox"/>
Purpleheart <input type="checkbox"/>	Gold <input type="checkbox"/>	Red/Black/Pearl <input type="checkbox"/>
Sandalwood <input type="checkbox"/>		Pearl/Orange <input type="checkbox"/>
Woody Pear <input type="checkbox"/>		Black/White <input type="checkbox"/>
Western Rosewood <input type="checkbox"/>		Brown <input type="checkbox"/>
Tiger Myrtle <input type="checkbox"/>		Red/Pearl/Black <input type="checkbox"/>
Teak <input type="checkbox"/>		Blue Opal <input type="checkbox"/>
Wenge <input type="checkbox"/>		Cobalt Blue Opal <input type="checkbox"/>
		Green Opal <input type="checkbox"/>
		Red Opal <input type="checkbox"/>

FONT:	DIAMETER: <input type="checkbox"/> 8-9mm <input type="checkbox"/> 10-13mm <input type="checkbox"/> Other (specify)
BOX REQUIRED	SHAPE REQUIRED\ (if applicable. Drawing required.
C-05 <input type="checkbox"/> C-06 <input type="checkbox"/> C-07 <input type="checkbox"/> PB-01M <input type="checkbox"/> PB-02M <input type="checkbox"/> PB-01R <input type="checkbox"/> PB-02R <input type="checkbox"/> Cat. Box-7 <input type="checkbox"/> Cat. Box-15 <input type="checkbox"/> Velvet Sleeve <input type="checkbox"/>	<hr/> COMMENTS: <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>