

Great Seal Order Form



For additional information, call 404-331-3246
or FAX your order to 404-331-0969

A. Customer Information-----

Ordering Agency: _____

Contact Person: _____

Telephone: _____ FAX Number: _____

B. Billing Information-----

Form of Payment to GSA: _____ GSA Invoice _____ I.M.P.A.C. Credit Card

GSA Price Quote: \$ _____

Appropriation Code: _____

Billing Office Activity Code (BOAC): _____

INVOICE ADDRESS:

SHIPPING ADDRESS:

C. Seal Requirements-----

Type of Seal: ___ Foam ___ Metal: (___ Bronze or ___ Aluminum)

Seal Size: ___ 15 inch ___ 23 inch ___ 30 inch ___ Other: _____

Quantity Requested: _____

___ With Ring or ___ Without Ring

___ * Stars * in between Lettering (*see custom options*)

___ Antique Bronze Finish ___ Other Finish: _____

___ No Lettering Required

____ Required Lettering (i.e., United States District Court):

UPPER RADIUS LETTERING: _____

LOWER RADIUS LETTERING: _____

Authorized Signature:

(if using worksheet in lieu of purchase order)

For Credit card Payments, please complete the following:

Credit card Number: _____

Expiration Date: _____

Type of Card: ___ VISA ___ Mastercard ___ American Express

Print Cardholder Name: _____

Cardholder Signature: _____

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