

ID Badge Order Form



PO Box 1287, Galesburg, IL 61402-1287
Phone (800) 334-8939

Customer# _____ Cust Class _____
Name _____
Attn _____
Address _____
City _____ State _____ Zip _____
Phone _____ Fax _____
PO/Distributor # _____

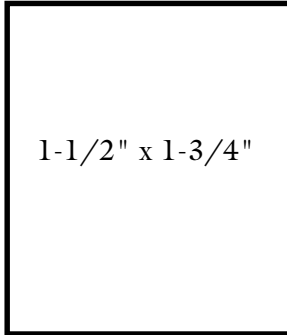
Instructions:

1. Fill out badge information for each employee
2. Attach a 1 1/2" x 1 3/4" Picture for each employee
3. Mail Completed Order Form (PLEASE DO NOT FAX) to:
Protexall Inc, Attn: Sales Service, PO Box 1287, Galesburg, IL 61402-1287

Employee Name _____
Company Name _____
Company Address (optional)
Address _____
City _____ State _____ Zip _____
Employee ID (optional) _____

- Brand Logo: York
 Luxaire
 Fraser Johnston
 Coleman
 Coleman-Evcon

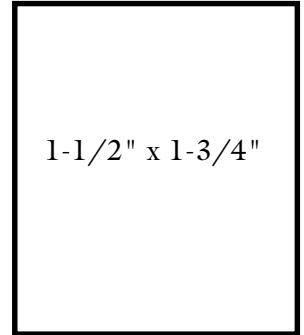
Attach Employee Photo:
Must fit in box below



Employee Name _____
Company Name _____
Company Address (optional)
Address _____
City _____ State _____ Zip _____
Employee ID (optional) _____

- Brand Logo: York
 Luxaire
 Fraser Johnntson
 Coleman
 Coleman-Evcon

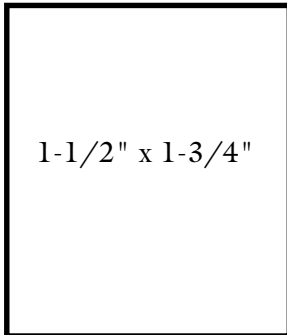
Attach Employee Photo:
Must fit in box below



Employee Name _____
Company Name _____
Company Address (optional)
Address _____
City _____ State _____ Zip _____
Employee ID (optional) _____

- Brand Logo: York
 Luxaire
 Fraser Johnston
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 Coleman-Evcon

Attach Employee Photo:
Must fit in box below



Employee Name _____
Company Name _____
Company Address (optional)
Address _____
City _____ State _____ Zip _____
Employee ID (optional) _____

- Brand Logo: York
 Luxaire
 Fraser Johnston
 Coleman
 Coleman-Evcon

Attach Employee Photo:
Must fit in box below

