

# S & S Merchants

PO Box 151782

Arlington, Texas 76015

Customer Service: 817.637.3504 Confidential FAX 817.385.0682



Rooted in Excellence

Please print the information the way you would like for it to appear on your Degree/Diploma/Certificate Plaque.

Last Name		First Name		Middle:
Address:				
City:		State:		Zip Code:
Telephone (include area code)	Daytime Number:	Evening Number:	**Email Address for Order Updates**:	

Indicate your selections below by checking the appropriate ATI Career choice and printing ATI specific Specialty.

<b>ATI Career</b>	<input type="checkbox"/> Health Care	<input type="checkbox"/> Information Technology	<input type="checkbox"/> Electronics & Computer Service	<input type="checkbox"/> Automotive	<input type="checkbox"/> Air Conditioning OR Welding	<input type="checkbox"/> Computer OR Graphic Design	<input type="checkbox"/> Business Administration
<b>Print EXACT Specialty</b>							

<b>Plaque Base Color</b>	<input type="checkbox"/> Ruby (red) \$49.00	<input type="checkbox"/> Slate (gray) \$49.00	<input type="checkbox"/> Black (Piano Finish) \$62.00
<b>Plaque Stand Color</b>	<input type="checkbox"/> Gold (stand) Easel \$5.00 Each		<input type="checkbox"/> Ebony (black stand) Easel

Number of Plaques/Frames: <input type="checkbox"/> Number of Plaques ordering x Price per each = <b>Merchandise Amount</b>	
Number of Plaque Stands: <input type="checkbox"/> Number of Stands x \$5.00 each = <b>Additional Merchandise Amount</b>	

Add \$10.00 for Shipping and Handling fee if applicable.  
Your order will be shipped either UPS or USPS.

Add \$10.00 for S & H (Shipped-Orders ONLY)	
Total	
Less Deposit Paid	(- )
Balance Due	

\*\*\*If Mail Order and NOT a part of the established school program, please provide a clear copy of your degree/diploma/certificate for office use.\*\*\*

<b>Date and Location of Graduation:</b>	
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Payment Included. Check or Money Order made payable to S & S Merchants.

<b>Credit Card Information</b>			
Credit Card:	<input type="checkbox"/> VISA	<input type="checkbox"/> MasterCard	
Credit Card Number:	Expiration Date:	** Verification Code ** (required):	
Printed Name of Cardholder:	Billing Address if different from Above:	Signature of Cardholder:	

If paying by personal check or money order, please allow 10 business days before your order is processed.  
**MAIL ORDER CUSTOMERS must include Shipping and Handling cost of \$10.00 to order total.**  
Visit us at: [www.sandsmerchants.com](http://www.sandsmerchants.com)