



**CUSTOMER ORDER FORM**  
**DO NOT PAY FROM THIS QUOTE**  
**INVOICE WILL FOLLOW**



Contra Costa County - Office of the Sheriff - WCDF Engraving/Sign Shop  
 5555 Giant Highway, Richmond, CA. 94806  
 Phone: 510-262-4268 Fax: 510-374-7167 Email: cocosigns@so.cccounty.us

Customer Name: \_\_\_\_\_  
 Business & Dept.: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Email: \_\_\_\_\_

Billing Person Name: \_\_\_\_\_

Payment Type (circle one): Check or Money Order

Shipping Method (circle one):  
 UPS, Interoffice, Pick-up, Other: \_\_\_\_\_

Order Picked Up By (Name): \_\_\_\_\_

Work Order # (office use only): \_\_\_\_\_

Org #/ Sub Object # (office use only): \_\_\_\_\_

QUANTITY	ITEM #	DESCRIPTION	UNIT PRICE	DISCOUNT AMOUNT	SUB TOTAL	TOTAL PRICE

<b>SPECIAL NOTES:</b>	<b>TOTAL DISCOUNT</b>		
	<b>QUOTATION PREPARED BY (office use only):</b>	<b>SUBTOTAL</b>	
<b>QUOTATION BASED UPON THE FOLLOWING CONDITIONS (ATTACHMENT/TERMS):</b>	<b>SHIPPING</b>		
<b>Note:</b> Prices are valid for 90 days. To accept this quotation, sign/date here and return. No cash or credit cards accepted. Make checks payable to: Office of the Sheriff - IWF. Please include all attachments needed for this order.	<b>SALES TAX</b>		
<b>PRINT:</b>	<b>TOTAL AMOUNT DUE</b>		
<b>SIGN:</b>			
<b>ORDER DATE:</b> _____ <b>DATE NEEDED BY:</b> _____			

*Thank you for your Business!*

**FILE PATH:** \_\_\_\_\_ **OFFICE USE ONLY** \_\_\_\_\_ **COMPLETION DATE:** \_\_\_\_\_