



Date \_\_\_\_\_ P.O. Number \_\_\_\_\_

Company \_\_\_\_\_

Name \_\_\_\_\_

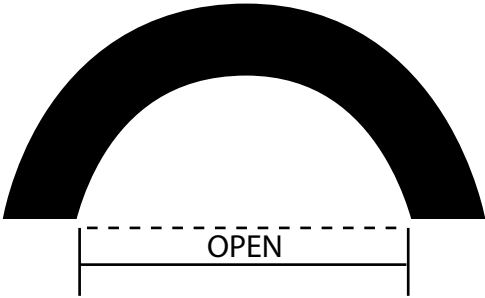
Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

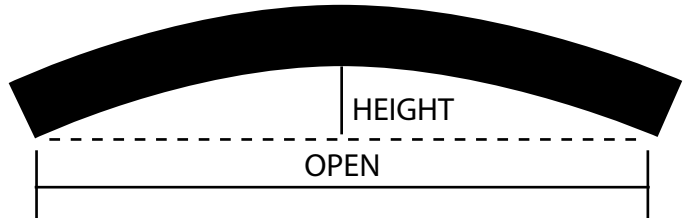
Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

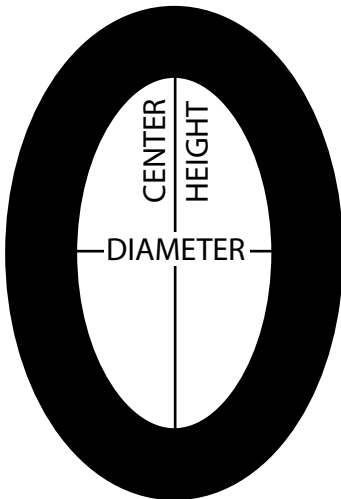
**HALF ROUND**



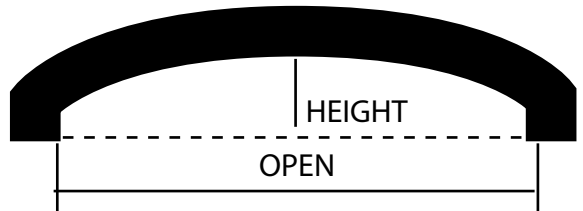
**EYEBROW**



**OVAL** (template required)



**ELLIPTICAL** (template required)



Quantity \_\_\_\_\_

Open Measurement \_\_\_\_\_

Height Measurement \_\_\_\_\_