

## SCHOOL ORDER FORM

*Night Logos*  
*933 Tejas*  
*Burkburnett, TX 76354*  
(940) 569-3444 Office  
(940) 569-3454 Fax

School: \_\_\_\_\_

School Organization: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Quantity: \_\_\_\_\_ Payment Method: \_\_\_\_\_

PROJECTION:

Light Color  
ARTWORK: \_\_\_\_\_

Taillight Lens: \_\_\_\_\_

Projection Lens: \_\_\_\_\_

Shipping Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

\_\_\_\_\_  
Night Logos Representative

\_\_\_\_\_  
Purchasing Representative