

CUSTOM LIBRARY HOURS DECAL FORM

1. CUSTOMER INFORMATION

Customer Number (see mailing l	abel)		
Order Number (if known)			
Name			
Title			
Department			
Organization			
Street (No P.O. Boxes)			
City	State	Zip	
Phone	FAX		
E-mail			
Check here if you DO NOT wa			
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2. INDICATE THE DECAL ORDI	ERED:		
Item Number Quantity			
3. LIBRARY PHONE NUMBER:			
(if applicable)			
-			
4. LIBRARY WEB ADDRESS:			
(if applicable)			
5. LIBRARY HOURS:			
S. EIDRART HOOKS.			

Please allow 2–3 weeks for delivery. Email form to customercare@thelibrarystore.com