



PORTABLE CHARGING STATIONS FORM

1. CUSTOMER INFORMATION

Customer Number (see mailing label) _____

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 want to receive e-mail promotions & offers.

5. STAND?

Yes

No

Choose Template

2. INDICATE CHARGING STATIONS ORDERED:

93-04276

93-04278

93-04277

93-04279

3. LOGO OR ARTWORK INCLUDED?

Yes

No

DO NOT FAX OR SEND COPIES OF ARTWORK.

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mail a high-quality printed version to the address below

4. TEXT: (If no artwork or logo is provided, what text is requested.)

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