

J. P. Uranker • Woodcarver  
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 www.jpwoodcarver.com



P.O. Box 1393, 179 County Road  
 Martha's Vineyard Island  
 Oak Bluffs, Massachusetts 02557

SIGN QUANTITY	SIGN NUMBER	COLOR CHOICES	SIGN COST	GOLD TRIM ADD \$20	CUSTOM COLORS ADD \$20	TOTAL AMOUNT
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Each sign is approximately 6" x 9" with raised surface and molded borders. The signs are hand carved in high density polyurethane, with 4" 23xx Gold Leaf numbers and 5 coats of paint. Optional 23xx trim on borders.

**MERCHANDISE SUBTOTAL**   
**MA ORDERS ADD 5% TAX**   
**\$6 PER SIGN SHIPPING**   
**ORDER TOTAL**



**BACKGROUND COLOR CHOICES FOR CARVED SIGNS**

- BLUE  GREEN  RED  BLACK  DARK GRAY
- GOLD LEAF TRIM, ADD \$20.00
- CUSTOM COLORS ADD \$20.00  
 (ENCLOSE COLOR CHIP OR #)

Each sign is on solid Eastern White pine with 4" 3M Reflective Vinyl numbers, making them highly visible both day and night. The sign is predrilled or keyholed for installation. For best visibility the background is gloss white enamel. We also offer a black enamel background to be used with the ORANGE, YELLOW, GOLD or WHITE 3M Reflective vinyl.



**3M REFLECTIVE VINYL LETTERING COLOR CHOICES**

- BLUE  GREEN  RUBY RED  ORANGE  GOLD
- YELLOW  LIGHT BLUE  BLACK  RED  WHITE
- WHITE ENAMEL BACKGROUND
- BLACK ENAMEL BACKGROUND
- CUSTOM COLORS ADD \$20.00  
 (ENCLOSE COLOR CHIP OR #)

**DESIRED SIGN NUMBERS:**

Today's Date \_\_\_/\_\_\_/\_\_\_

**ADDITIONAL WORDING: (VS-110 ONLY)**

- NORTH  SOUTH  EAST  WEST
- OTHER (PLEASE SPECIFY) \_\_\_\_\_

If paying by credit card, please indicate your name and address as it appears on your credit card statement.

**ORDERED BY:**

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

PHONE: DAY (\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_

**SHIP TO:**

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**METHOD OF PAYMENT**

CASH OR CHECK  MASTERCARD  VISA

Card Number:

Exp. Date:    Signature \_\_\_\_\_

DATE PAID	AMT. PAID	AMT. DUE	DAY DUE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>