## **PLANNER / ORDER FORM**

For your request we ask for some information. Thank You.



ORDERER / INVOICE ADRESS	www.neonwerbung.de www.stallplan.de
name:	
street:	DELIVERY
city:	name:
phone:	street:
country:	city / country:
SIZE / PLANNER NUMBER / HORSES	
Please mark with a cross.  1. Name / name 2. Pferdename / Horse name 3. Wochentage / weekdays 4. Wurmkur / Wormer 5. Impfung / Vaccination 6. Hufschmied / Farrier 7. Tierarzt / vet 8. Notizfeld / notes	Monday Tuesday Wednesday Thursday Friday Saturday Sunday Wornel Voccondion Carrier  Notes 8
Colour of your Choice	
Line "Horse Name"  Line "Weekdays"  Line "Farrier etc."  Line "Name"	
lcon / Logo	

After receipt of your request you will receive a non-binding offer and a proof sheet Production time after written release of the offer an proof-sheet: 4-5 working days. The Manufacturing is done after advance payment.

Please send your logo data by email. (PDF / EPS / JPG) info@neonwerbung.de

I accept.
Your personal data
will only be used for
order and invoice
processing.