Plan Order Form

Please fill out the form below and send to Baysinger Design Group, along with your two (2) checks. This form **must** accompany your two (2) checks in order to receive plans.

Project Name/Numb	ber:	
Contact Name:		
Company Name:		
Physical Address:		
Mailing Address:		
Email Address:		
Phone Number:	()	
Fax Number:	()	
Deposit and Payme	ent Information: One (1) Non-refundable ch	neck for \$ and one (1)
Refundable check for sets.	or \$ payable to Baysinger Design Grou	p. Plan rooms must purchase
Unsuccessful bidder	rs must return your Bid Documents to Baysin	ger Design Group within 30

Unsuccessful bidders must return your Bid Documents to Baysinger Design Group within 30 days of the Bid Date in order to receive your Refundable Deposit back from the Owner.

Mail your checks and this form to:

Baysinger Design Group, Inc. 4501 W. DeYoung Street, Ste. 100B Marion, IL 62959

Phone: (618) 998-8015

Expedite your order by faxing a copy of your Non-refundable and Refundable checks, along with this form to (618) 998-8032. You will be added to the Plan-Holders List when your physical checks have been received.

Print this Order Form and mail with your checks in order to receive plans.