



Job Ticket Number: 8493
 Salesperson: Ronny Skipper
 Start Date: 03/04/2026

Customer/Folder: Arkansas Medicare Center
 File: AMC_Gemini_Letters_Proof
 Last Revision:

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Seiz Sign Company 1231 Central Ave. Hot Springs, AR 71901 Phone: 501-623-3181 Fax: 501-623-4594 www.seizsigns.com



Production
 Designer: Rebecca Brister - graphics3@seizsigns.com
 Quantity: 1
 Substrate: Gemini
 Production Notes:

Conditions & Approval
 1. The client is responsible for content accuracy. Please proof the text, dimensions, and layout carefully. 2. Colors are representative only. There are variations in color between sign printing and paper printers. 3. All designs presented are the sole property of Seiz Sign Company, and may not be reproduced in part or whole without written permission from Seiz Sign Company. 4. By signing below you agree that all artwork is correct and give Seiz Sign Company permission to begin production.

Client Approval _____ Date _____

Use table below to enter information regarding each sign for approval. Please use each letter to reference each sign rendering in packet.

SIGN	Type (Façade, Pole, Monument, other)	Dimensions (Height, Length, Width)	Sqft (Measurement standards found on Pg.7 of Sign Code)	Façade Width (Linear Ft of building façade where wall sign is being installed)	Height	
					To Top	To Bottom
A	Wall	34" x 165"	38.5	20		
B						
C						
D						
E						
F						