FILLING INSTRUCTIONS – READ BEFORE FILLING THE FORM

1. FILL **ONE FORM FOR EACH MAIN ITEM** YOU ARE ORDERING.
2. FILL ALL SECTIONS OF THIS FORM AS FOLLOWS:
   2.1. USE A **X** TO **FILL** IN WHERE **BRACKETS** APPEAR.
   2.2. ANSWER "**YES**" OR "**NO**" IF THE FORM **DIRECTS AS SUCH**.
   2.3. TYPE THE INFORMATION IN THE **GREY FIELDS** OF THE FORM.
   2.4. **FOR IMAGES:** IF YOU SELECT "**I WILL PROVIDE IT**", YOU MUST **ATTACH** THE RELEVANT **IMAGE**.
   2.5. **FOR IMAGES:** IF YOU SELECT "**GENERATE IT**" OR "**NOT REQUESTED**", THE RELEVANT IMAGE WILL BE **RESPECTIVELY** COMPUTER **GENERATED BY US** OR **WILL NOT APPEAR** AT ALL.
3. IF YOU WANT **TO LEAVE A FIELD BLANK, DO NOT ENTER ANY DATA IN THE FORM** FOR THAT SPECIFIC FIELD.
4. IF YOU WANT **US TO GENERATE ANY DATA** FOR A SPECIFIC FIELD, ANSWER WITH THREE SLASHES: **///**
5. **ALL DATA** WILL APPEAR ON THE MAIN ITEM **EXACTLY AS YOU TYPE THEM** IN THIS FORM (INCLUDING UPPERCASE AND LOWERCASE LETTERS, PUNCTUATION MARKS, OTHER SPECIAL CHARACTERS AND ANY POSSIBLE MISSPELLING TOO).
6. MAKE SURE **ANY IMAGE** SUBMITTED IS **NOT GRAINY, BLURRY OR IN LOW RESOLUTION** AS THIS WILL RESULT IN SUB-STANDARD PRINTING QUALITY.
7. THIS FORM AND ANY IMAGE REQUIRED TO APPEAR ON THE MAIN ITEM MUST BE FORWARDED TO THE E-MAIL ADDRESS DISPLAYED IN THE Contact us SECTION OF www.joysingersids.com

CUSTOMIZATION FORM FOR: **MACV PAYROLL CARD (MACV FORM 5), VIETNAM WAR, 1960s-1970s**

INFORMATION FOR CUSTOMIZATION

- Some information may not appear on the specific series/type/version of the card ordered. Just to make sure **FILL ALL FIELDS.**
- **If you mark "I WILL PROVIDE IT" in regard to any image (photo, signature, etc.)**, please send a photo/scan of it, together with this form, as an e-mail attachment to the address shown in the *Contact us* section on *www.joysingersids.com*. **Please make sure the image submitted is not grainy, blurry or in low resolution as this will result in sub-standard printing quality.**

PAYROLL NUMBER	
NAME	
PAY GRADE (LINE INCLUDES SERVICE NUMBER)	**BRANCH (LINE INCLUDES UNIT/ORGANIZATION)**
EXPIRATION MONTH (MAX 4 CHARACTERS)	**EXPIRATION YEAR (MAX 4 CHARACTERS)**
SIGNATURE OF BEARER ***(mark only one of the following options)***	
- I WILL PROVIDE IT [ ] - GENERATE IT [ ] - NOT REQUESTED [ ]	

REMARKS: PLEASE DOUBLE CHECK THE INFORMATION PROVIDED IN THIS FORM, ESPECIALLY FOR ANY MISSPELLING, AS THEY WILL BE TYPED ON THE CARD EXACTLY AS THEY APPEAR IN HERE. **INFORMATION PROVIDED IN THIS FORM WILL REMAIN STRICTLY CONFIDENTIAL.**