



Bean Bag Toss Form

Name: _____ Work Phone Number: _____

Work Agency Name & Address: _____

Home Address - used to set up account: _____

_____ Deliver to work address above.
My agency has approved this delivery.

_____ I will pick up at the ACI Warehouse.
2600 E. 145th St. Little Rock, AR 72206

Details of Order:

Logo Description: _____

Logo attached to email: Yes _____ No _____

If possible, please email logo along with this form.

Additional information:

If further customization (additional logo, etc.) is needed please contact ACI at: <https://www.acicatalog.com/contact-us/>

I have reviewed the contents of this form, and approve production:

Signature: _____ Date: _____

Submit form to: ADC.ACI.CustomerService@arkansas.gov