



# Bean Bag Toss Form

Name: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Agency Name & Address: \_\_\_\_\_

Home Address - used to set up account(if applicable): \_\_\_\_\_

\_\_\_\_\_ Deliver to work address above. \_\_\_\_\_ I will pick up at the ACI Warehouse.

My agency has approved this delivery. 2600 E. 145th St. Little Rock, AR 72206

## Details of Order

Item Description	Layout attached Yes or No	Color of Bean Bags Set of 8 Color 1	Color of Bean Bags Set of 8 Color 2

Additional information:

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Submit form to: [ADC.ACI.CustomerService@arkansas.gov](mailto:ADC.ACI.CustomerService@arkansas.gov)