

Letterhead

Stock and Color: _____
 Ink/Foil Color or Colors: _____
 Quantity: _____
2nd sheets - Quantity

Stock Art # _____

Envelope

Stock and Color: _____
 Ink/Foil Color or Colors: _____
 Quantity: _____
Back Flap printed

Stock Art # _____

Invitations

Stock and Color: _____
 Ink /Foil Color or Colors: _____
 Quantity: _____

Layout Style
 Vertical
 Horizontal

Panel Cards
 4 Bar
 5 1/2 Bar
 6 Bar
 All Occasion Card # _____

Foldover Panel Cards
 4 Bar
 5 1/2 Bar
 6 Bar

• ATTENTION •
 Information in the layout box below is exactly what will print! If you supply a reorder number, only the new information will change. Everything else will stay exactly like the reorder.

Raised Printing
 Flat Printing
 LaserSafe Thermography

All orders will be printed in standard thermography unless noted above.

Foil or Emboss
 (please circle one)

RE-Order/File Number

 MUST HAVE SAMPLE ATTACHED

Additional Instructions: _____

Customer Authorization
 X _____

Customer's Layout
Letterhead

1st Ink Color
 DRAW ARROW

2nd Ink Color

Mainline Style No.
 DRAW ARROW
 ALL CAPS
 Upper & Lower

Customer's Layout
Envelope

1st Ink Color
 DRAW ARROW

2nd Ink Color

Mainline Style No.
 DRAW ARROW
 ALL CAPS
 Upper & Lower

Set _____ Pos. _____

OP	GP	SC	GR	TY	PF / 1	CORR	PF / 2	PR	SL	BOARD #
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DEALER NAME DO NOT USE AS A DROP SHIP LABEL
 YOU MUST FILL OUT TO RECEIVE YOUR ORDER. REMEMBER TO INDICATE ABOVE HOW YOU WILL RECEIVE ORDER

Contact _____
FOR QUESTIONS REGARDING THIS ORDER

Telephone () _____

Dealer _____

Address _____
 THIS IS YOUR ACCOUNT NO.

City _____ State _____ Zip _____

I have not forgotten to make a copy of this order for my records.

YOUR P.O. # _____

PLEASE CHECK ONE TO RECEIVE YOUR ORDER

BCE Delivery
 UPS To Me
 I Will Pick Up
 Drop Ship to My Customer
 (I have enclosed a shipping label made out from us to our customer.)

This Box For BCE Use Only

Base Price	_____
Proof	Proof x _____
Paste Up / Logo	PU x _____
Border	SB x _____
Curved Type	CT x _____
Additional Lines	AL x _____
Back Flap	BFP x _____
LaserSafe	LS _____
Exact Registration	ER x _____
Bleeds	BD x _____
PMS	PMS x _____
Press Wash (Non Standard Combos)	PW x _____
Cutting / Scoring	SCC x _____
Drop Ship / UPS	\$ _____

★ Stationery order form side one