Date of Order	Date Recv'd				305389F	
Card Stock and Color		_	SPECIFIC RESULT	!!! PROOFREAD CAREFULL S REQUIRE SPECIFIC INSTRUC		
Ink /Foil Color or Colors			(every letter and punctuation mark) We do not assume responsibility for complications resulti from composition errors.		sulting	
Quantity USE A SEPARATE ORDER FORM FOR EACH NAME	Foil or Emboss (please circle one)	- X _	CUS	STOMER AUTHORIZATION		
Please return artwork	☐ Raised Printing ☐ Flat Printing		Additional Instruct	ions:		
2 Sided Card	*If not checked your will be printed rais					
■ Foldover Card □ Uneven Fold	RE-Order/File Nu	Imber]		qe	
INDICATE POSITION BELOW	MUST HAVE SAMPLE AT	TACHED			S S	
	listed in the box below appear on your card.		Bleed This Sic	le 🗆	, Ę	
					ioi	
2nd Ink Color						
Mainline Style No.					order	
DRAW ARROW					ď	
Image: Upper & Lower Image: Sign and						
Body Copy Style No.					less	
Set Pos.					sir	
	Bleed This Side					
OP GP SC GR	TY PF / 1	CORR	PF/2 PR	SL BOARD #	р Д	
DEALER NAME DO NOT USE AS A DROP SHIP LABEL			PLEASE CHECK	This Box For BCE Use Only		
YOU MUST FILL OUT TO RECEIVE YOUR ORDER. REMEMBER TO INDICATE ABOVE HOW YOU WILL RECEIVE ORDER			ONE TO RECEIVE YOUR ORDER		roof x	
Contact FOR QUESTIONS REGARDING THIS ORDER Telephone ()			BCE Delivery Border UDC To Mo Curved Type		SB x CT x	
Telephone () Dealer			□ I Will Pick Up Back Flap BFP x			
Address						
CityState Zip					MS x	
			shipping label made out Press Wash (Non Standard Combos) PW x		W x CC x	
□ I have not forgotten to make a copy of YOUR P.O. #	i uns order for my records.		rom us to our customer.)			