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|---|--|---|--|---|--|---|
| DATE OF ORDER                                   |  | QUOTE #                                       | <input type="checkbox"/> RUSH SERVICE<br><input type="checkbox"/> NEW REORDER<br><input type="checkbox"/> EXACT REORDER<br><input type="checkbox"/> REORDER with changes<br><small>INCLUDE COPY WITH CHANGES</small> |   | <input type="checkbox"/> Please submit proof before processing my order<br><input type="checkbox"/> Please apply promo code _____ to my order<br><input type="checkbox"/> Please apply reseller discount (I will fax resale certificate) |   |
| CONTACT PERSON                                  |  | P.O. #  |  |   |  |   |
| CUSTOMER BILLING INFORMATION                    |  |   | CUSTOMER SHIPPING INFORMATION  |   |  |   |
| COMPANY NAME                                    |  |   | COMPANY NAME   |   |  |   |
| STREET ADDRESS (REQUIRED FOR UPS SHIPMENT)      |  |   | STREET ADDRESS (REQUIRED FOR UPS SHIPMENT)   |   |  |   |
| CITY, STATE AND ZIP                             |  |   | CITY, STATE AND ZIP  |   |  |   |
| PHONE NUMBER INCLUDING AREA CODE<br>( ) ( ) ( ) |  | FAX NUMBER INCLUDING AREA CODE<br>( ) ( ) ( ) |  | PHONE NUMBER INCLUDING AREA CODE<br>( ) ( ) ( ) |  | FAX NUMBER INCLUDING AREA CODE<br>( ) ( ) ( ) |
| SIGNATURE OF PURCHASER                          |  | EMAIL ADDRESS FOR CONFIRMATION AND INVOICE    |  | SIGNATURE OF PURCHASER                          |  | EMAIL ADDRESS FOR CONFIRMATION AND INVOICE    |

| CUSTOM BUSINESS FORMS Ordering Information - For fastest service, please fill out completely or call with any questions |                         |   |                      |                 |  |              |
|---|-------------------------|---|----------------------|-----------------|--|--------------|
| QUANTITY  | PRODUCT #<br>(if known) | DESCRIPTION<br>(include size of form and number of parts if applicable) | PAPER/CHECK<br>COLOR | INK<br>COLOR(S) | START CONSECUTIVE NUMBERING AT:<br>(no numbering will be printed unless specified) | RETAIL PRICE |
|   |                         |   |                      |                 | <input type="checkbox"/> NO. _____ <input type="checkbox"/> Do Not Number          | \$           |
|   |                         |   |                      |                 | <input type="checkbox"/> NO. _____ <input type="checkbox"/> Do Not Number          | \$           |
|   |                         |   |                      |                 | <input type="checkbox"/> NO. _____ <input type="checkbox"/> Do Not Number          | \$           |

| STATIONERY or PHOTO BUSINESS CARD Ordering Information - Please send example or sketch of desired layout |                         |   |             |                                |              |         |            |                  |  |                                |              |
|--|-------------------------|---|-------------|--------------------------------|--------------|---------|------------|------------------|--|--------------------------------|--------------|
| QUANTITY   | PRODUCT #<br>(if known) | PRODUCT   | PAPER COLOR | PAPER TYPE<br>(linen, laid...) | INK COLOR(S) |         | TYPESTYLE* | LAYOUT<br>LETTER | PRINTING<br>STYLE  | FREE BUSINESS<br>DESIGN NUMBER | RETAIL PRICE |
|  |                         |   |             |                                | COLOR 1      | COLOR 2 |            |                  |  |                                |              |
|  |                         | <input type="checkbox"/> Letterhead <input type="checkbox"/> Envelope <input type="checkbox"/> Business Card<br><input type="checkbox"/> with bleeds <input type="checkbox"/> with bleeds |             |                                |              |         |            |                  | <input type="checkbox"/> Flat<br><input type="checkbox"/> Raised |                                | \$           |
|  |                         | <input type="checkbox"/> Letterhead <input type="checkbox"/> Envelope <input type="checkbox"/> Business Card<br><input type="checkbox"/> with bleeds <input type="checkbox"/> with bleeds |             |                                |              |         |            |                  | <input type="checkbox"/> Flat<br><input type="checkbox"/> Raised |                                | \$           |
|  |                         | <input type="checkbox"/> Letterhead <input type="checkbox"/> Envelope <input type="checkbox"/> Business Card<br><input type="checkbox"/> with bleeds <input type="checkbox"/> with bleeds |             |                                |              |         |            |                  | <input type="checkbox"/> Flat<br><input type="checkbox"/> Raised |                                | \$           |
|  |                         | <input type="checkbox"/> Letterhead <input type="checkbox"/> Envelope <input type="checkbox"/> Business Card<br><input type="checkbox"/> with bleeds <input type="checkbox"/> with bleeds |             |                                |              |         |            |                  | <input type="checkbox"/> Flat<br><input type="checkbox"/> Raised |                                | \$           |

\* Default typestyle will be used if none is specified

| SPECIAL INSTRUCTIONS |
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Please email camera-ready art to [artwork@smartresolution.com](mailto:artwork@smartresolution.com) or mail us your disk.  
 If we will be designing your product, please fax or email a detailed sketch.  
 Please be sure to mention a quote number, company name or contact person's name.

| OUR GUARANTEE AND DELIVERY   |
|--|
| <p><b>GUARANTEE POLICY</b></p> <p>If you are not totally satisfied with any of our Custom Products - at any time and for any reason - we will refund the entire purchase price or replace it FREE! Regardless of fault.</p> <p><b>FAST TURNAROUND</b></p> <p>Processing time on custom orders is six business days after final proof is approved. RUSH SERVICE is also available at an additional charge. RUSH ORDERS ship four business days after final proof is approved. If, for any reason, we are late shipping your order, we will not charge you for any shipping costs and/or will send a portion of your order next-day air or second-day air depending on where the order ships from.</p> |

| OPTIONS   |   |
|---|---|
| ADDITIONAL INK COLOR(S)<br>Please specify PMS # _____   | \$  |
| BACKPRINTING <input type="checkbox"/> Business cards <input type="checkbox"/> Carbonless forms - see below<br>Please specify how many parts   1   2   3   4   5 (please circle)   | \$  |
| PERFORATING<br>Please specify horizontal   1   2   vertical   1   2 (please circle)   | \$  |
| PLATE CHANGES (if parts do not print the same)<br>Please specify how many                      1   2   3   4   5 (please circle)  | \$  |
| GRAPHIC DESIGN CHARGE<br>Please call for a quote  | \$  |
| NUMBERING<br>Please specify red or black (circle) and starting # _____  | \$  |
| RUSH SERVICE<br>Order ships 4 days after proof approval   | \$  |
| OTHER<br>Please specify _____   | \$  |
| <b>SHIPPING METHOD</b>  |   |
| <input type="checkbox"/> Parcel Post  | \$  |
| <input type="checkbox"/> UPS Standard Ground (default) <input type="checkbox"/> FedEx Ground<br><input type="checkbox"/> UPS 2nd Day Air <input type="checkbox"/> FedEx 2nd Day Air<br><input type="checkbox"/> UPS Next Day Air <input type="checkbox"/> FedEx Overnight | \$  |
| <input type="checkbox"/> Use my FedEx Account # _____   | Billed to your account  |
| <b>TOTALING YOUR ORDER</b>  |   |
| THANK YOU   | SUBTOTAL (after any discounts) \$   |
| FOR YOUR ORDER I  | FLORIDA SALES TAX (ADD 6.5%) \$   |
| Please fax or mail in your order or call with any questions.  | SHIPPING (please refer to attached sheet) \$  |
|   | TOTAL \$  |
| <b>PAYMENT INFORMATION</b>  |   |
| I WILL PAY BY <input type="checkbox"/> CHECK (please allow to clear before processing)  |   |
| <input type="checkbox"/> CREDIT CARD ON FILE  | LAST 4 DIGITS _____   |
| <input type="checkbox"/> NEW CREDIT CARD  | <input type="checkbox"/> Please email me secure link for payment<br><input type="checkbox"/> Please call me when you process my order |
| <input type="checkbox"/> INVOICE (subject to prior credit approval)   |   |