

DATE OF ORDER	P.O. #	<input type="checkbox"/> EXACT REORDER	<input type="checkbox"/> Please submit proof before processing my order
CONTACT PERSON	CUSTOMER # / LAST ORDER # / QUOTE #	<input type="checkbox"/> REORDER with changes <small>INCLUDE COPY OF FORM OR CHECK WITH CHANGES</small>	<input type="checkbox"/> Please apply promo code _____ to my order
			<input type="checkbox"/> Please apply reseller discount (I will fax resale certificate)
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 ()	FAX NUMBER INCLUDING AREA CODE ()	PHONE NUMBER INCLUDING AREA CODE ()	FAX NUMBER INCLUDING AREA CODE ()
SIGNATURE OF PURCHASER		SIGNATURE OF PURCHASER	
EMAIL ADDRESS FOR CONFIRMATION AND INVOICE		EMAIL ADDRESS FOR CONFIRMATION AND INVOICE	

STANDARD PRODUCTS (Fill out only if you are making changes to the product itself, otherwise fill out imprint information below)

QUANTITY	PRODUCT #	NUMBER OF PARTS	COLOR (S)	DESCRIPTION (include size, paper type or color, whether laser, continuous as well as software/typestyle/layout if applicable)	NEW CONSECUTIVE NUMBERING AT: (If left blank, we will continue from last order)	FREE BUSINESS DESIGN NUMBER	RETAIL PRICE
					<input type="checkbox"/> NO. _____ <input type="checkbox"/> Do Not Number		\$
					<input type="checkbox"/> NO. _____ <input type="checkbox"/> Do Not Number		\$

CUSTOM PRODUCTS (Fill out only if you are making changes to the product itself, otherwise fill out imprint information below)

QUANTITY	PRODUCT # (If known)	NUMBER OF PARTS	COLOR (S)	(PMS #'s)	DESCRIPTION (include size, paper type or color or whether laser or continuous as well as software used if applicable)	NEW CONSECUTIVE NUMBERING AT: (If left blank, we will continue from last order)	RETAIL PRICE
						<input type="checkbox"/> NO. _____ <input type="checkbox"/> Do Not Number	\$
						<input type="checkbox"/> NO. _____ <input type="checkbox"/> Do Not Number	\$

FULL COLOR PRODUCTS (Fill out only if you are making changes to the product itself, otherwise fill out imprint information below)

QUANTITY	PRODUCT # (If known)	FLAT SIZE	FINISHED SIZE	PAPER TYPE	DESCRIPTION (include whether one-sided or two-sided)	TYPE OF FOLDING (If applicable)	MAILING SERVICES (If applicable)	RETAIL PRICE
								\$
								\$

IMPRINT INFORMATION

COMPANY NAME

ADVERTISING LINE OR SLOGAN TO BE PRINTED

ADDRESS

CITY, STATE AND ZIP

PHONE NUMBER WITH AREA CODE () FAX NUMBER WITH AREA CODE () EMAIL ADDRESS (OR WEBSITE)

EXTRA CHARGES

STANDARD PRODUCTS

Extra Wording: \$7.00/product. Fill out Special Instructions area

Check Rush: \$15.00+overnight cost. 72 hr turnaround. (no custom logos) \$

CUSTOM PRODUCTS

Rush Service: \$45.00 - Order ships 4 days after proof approval

Bleeds: \$10.00 per edge - Business cards and letterheads only.

Graphic Design - Please call for a quote

Extra Ink Charge - Please call for pricing or quote

Backprinting - Please call for pricing or quote

Perforations - Please call for pricing or quote

Plate Changes - Please call for pricing or quote

Consecutive Numbering - please call for pricing or quote

FULL COLOR PRODUCTS

Rush Service: 30% upcharge or \$150.00, whichever is higher

Graphic Design - Please call for estimate or quote

FOR CHECKS OR DEPOSIT TICKETS

Please have a check ready (if ordering checks), a deposit ticket (if ordering deposit tickets) or completed MICR specification sheet for bank routing numbers and bank imprint information. 2) Find these symbols () on your check and line them up with the boxes below. 3) Copy all the numbers to the right of each symbol, leaving a blank box where there is a space. Substitute the letter C for the symbol (), and the letter D for the symbol (). 4) Then, simply fax a sample check (for check orders) or a sample deposit ticket (for deposit ticket orders) marked "VOID".

Please note: Any numbers to the left of this first symbol () are not needed for processing your order. Be sure to specify consecutive numbering.

FOR CHECKS:

C = 43 42 41 40 39 38 37 36 35 34 33 32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17 16 15 14 13

D =

FOR DEPOSIT TICKETS:

C = 43 42 41 40 39 38 37 36 35 34 33 32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17 16 15 14 13

D =

FOR DEPOSIT TICKETS REQUIRING ADDITIONAL NUMBER POSITIONS, PLEASE FAX A SAMPLE TO 888-309-5267

SHIPPING METHOD

Parcel Post \$

UPS Standard Ground (default) Fedex Ground

UPS 2nd Day Air Fedex 2nd Day Air

UPS Next Day Air Fedex Overnight

Use my Fedex Account # _____ Billed to your account

TOTALING YOUR ORDER

THANK YOU	SUBTOTAL (after any discounts)	\$
FOR YOUR ORDER !	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	\$

BANK IMPRINT INFORMATION

BANK NAME BANK STREET ADDRESS

BANK CITY, STATE AND ZIP BANK PHONE NUMBER

PAYMENT INFORMATION

I WILL PAY BY CHECK (please allow to clear before processing)

CREDIT CARD ON FILE LAST 4 DIGITS _____

NEW CREDIT CARD Please email me secure link for payment

Please call me when you process my order

INVOICE (subject to prior credit approval)

SPECIAL INSTRUCTIONS - Attach additional sheet if necessary