



Naturally Ever After
 Order Form
 Phone 1-800-457-9775 Fax 1-800-535-4925

	Dealer Account Number	<input type="checkbox"/> Proof?		
		ENVELOPE RETURN ADDRESS		
		Quantity	Item No.	Lettering
				Ink
	Your P.O. Number (If Needed)	1. _____		
		2. _____		
		3. _____		
	Date Ordered	<input type="checkbox"/> Proof?		
		RECEPTION CARD		
		Quantity	Item No.	Lettering
				Ink
		Design#		LAYOUT #
				VERSE #
		1. _____		
		2. _____		
		3. _____		
		4. _____		
		5. _____		

Quantity	Item No.	Lettering Style	Ink	Method of payment
<input type="checkbox"/> Proof				
Design Number	Verse #	Front Copy: Name(s), Verse or Monogram		
	Layout #	Monogram Style: _____		
1. _____				
2. _____				
3. _____				
4. _____				
5. _____				

<input type="checkbox"/> Follow wording exactly		<input type="checkbox"/> Paragraph Form	Extra Blank Envelopes: Outside _____ Inside _____
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			
6. _____			
7. _____			
8. _____			
9. _____			
10. _____			
11. _____			
12. _____			
13. _____			
14. _____			
15. _____			
16. _____			
17. <u>Corner Copy (if applicable)</u>			
18. _____			
19. _____			
20. _____			

<input type="checkbox"/> Proof?		RESPOND CARD		
Quantity	Item No.	Lettering		
			Ink	
Design#		LAYOUT #		VERSE #
1. _____				
2. _____				
3. _____				
4. _____				
5. _____				

<input type="checkbox"/> Proof?		RESPOND ENVELOPE		
Quantity	Item No.	Lettering		
			Ink	
Design#		LAYOUT #		VERSE #
1. _____				
2. _____				
3. _____				

<input type="checkbox"/> Proof?		PRINTED THANK YOU/INFORMAL		
Quantity	Item No.	Lettering		
			Ink	
Design#		LAYOUT #		VERSE #
1. _____				
2. _____				
3. _____				
4. _____				
5. _____				

MATCHES OR NOTEPADS			
Quantity	Item No.	Lettering	FOIL
Design #			1. _____
LAYOUT #			2. _____

NAPKINS			
Quantity	Item No.	Lettering	<input type="checkbox"/> INK <input type="checkbox"/> FOIL
Design #			1. _____
LAYOUT #			2. _____

ADDITIONAL ITEMS		VERSE #	DESIGN #
Quantity	Item No.	Lettering	IMPRINT COLOR
1. _____			
2. _____			
3. _____			

Company or Name	SPECIAL INSTRUCTIONS, SHIPPING, SPELLING, ETC.
Street Address	
Apt. or Suite #	
City State Zip	PROOF
Phone #	Fax to: _____
	Email to: _____

DROP SHIPMENT
<input type="checkbox"/> Check here for Drop Shipment to customer. There is a small charge for this service. Fill in address above. Note: Certain carriers do not deliver to a P.O. Box.

WE GREATLY APPRECIATE YOUR BUSINESS AND HOPE TO CONTINUE SERVING YOU IN THE FUTURE.

X Customer Signature _____ Copy has been read and is correct