



Phone 1-800-457-9775  
Fax 1-800-535-4925

Dealer Account Number

Your P.O. Number (if needed)

Date Ordered

Source Code

CR

THIS BOX FOR OFFICE USE ONLY.

Quantity	Item Number	Imprint Color	Lettering Style	Wording Number

FAX: Page \_\_\_\_\_ of \_\_\_\_\_  
ATTENTION: \_\_\_\_\_

Front or Inside Verse # <i>(if applicable)</i>	Design or Monogram # <i>(if applicable)</i>	Name(s) or Initial(s) for Monogram <i>(if applicable)</i>	Ribbon Color <i>(if applicable)</i>

**DEALER CREDIT CARD INFORMATION:**  
Please type all information other than signature.

Card # \_\_\_\_\_

Expiration Date \_\_\_\_\_ / \_\_\_\_\_

- VISA                       MasterCard  
 Discover                       American Express

X \_\_\_\_\_  
Authorized Signature

**PROOF:**  Please check here to request a proof.

Please send proof via:

- Fax \_\_\_\_\_  
 E-mail \_\_\_\_\_  
 Mail \_\_\_\_\_

**SPECIAL INSTRUCTIONS:** List any unusual spellings of names, locations, musical selections, etc.

**Wording** Any special instructions for line:

1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	

**DIRECT SHIPMENT TO CUSTOMER:**

There is a small charge for this service. Please note:  
We cannot deliver to a P.O. Box.

Name or Company \_\_\_\_\_

Apt. or Suite # \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**SHIPPING:**

Your order will be shipped the most economical way.  
Please indicate below if you need 1, 2 or 3 day shipping.  
 1-Day     2-Day     3-Day

**Printed Envelope Flaps**

Quantity	Item Number	Imprint Color	Lettering Style

**ORDER SUPPLIES HERE:**

Personalized Order Forms     Envelopes

1	
2	
3	

**FOR OFFICE USE ONLY:**

O. Type \_\_\_\_\_

C. Type \_\_\_\_\_

Proofer \_\_\_\_\_

D.P. Cor \_\_\_\_\_

Strip \_\_\_\_\_

Mono. \_\_\_\_\_

1st Print \_\_\_\_\_

2nd Print \_\_\_\_\_

We greatly appreciate your business  
and hope to continue serving you in the future!  
The copy has been read and is correct

Customer's Signature \_\_\_\_\_

Sales Associate \_\_\_\_\_

Retail Price \_\_\_\_\_

Sales Tax \_\_\_\_\_

Shipping \_\_\_\_\_

Total \_\_\_\_\_

Deposit \_\_\_\_\_

Amount Due \_\_\_\_\_