



PHONE: 800-392-3891
FAX: 800-606-0713

Dealer Account Number

Your P.O. Number (if needed)

Date Ordered

Source Code

Please indicate any address or phone number changes in the above preprinted address box. Type or print clearly.

Quantity	Ensemble Choice	Invitation Color	Lettering Style	Format
	Wrap or Pocket Color	Envelope Color		

CR

THIS BOX FOR OFFICE USE ONLY.

FAX: Page _____ of _____

ATTENTION: _____

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.

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

ORDER SUPPLIES HERE:
 Personalized Order Forms Envelopes

FOR OFFICE USE ONLY:

O. Type _____

C. Type _____

Proofer _____

D.P. Cor _____

Strip _____

Mono. _____

1st Print _____

2nd Print _____

Name(s) or Initials for Monogram	Design, Motif or Monogram #	Invitation Set-up:				Celebration Card:	
		Horizontal <input type="checkbox"/>	Vertical <input type="checkbox"/>	(if applicable)		Tall <input type="checkbox"/>	Square <input type="checkbox"/>

Formats: Please include an illustration of the positioned copy. Any special instructions for line:

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

SEAL				
Quantity	Seal Color	Lettering	Ink	Design/ Mono. #

1	.....
2	.....
3	.....

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 _____

Dealer Account Number

Your P.O. Number (if needed)

Date Ordered

Page

_____ of _____

CR THIS BOX FOR OFFICE USE ONLY

Type or print clearly
Don't forget we need your respond envelope name and address.

Proof EVENT CARD

Quantity	Card Color	Lettering	Ink	Verse #	Design/ Mono. # (if applicable)	Format	Inst. per line
1							
2							
3							
4							
5							
6							

Proof REPLY SET

Quantity	Card Color	Lettering	Ink	Verse #	Design/ Mono. # (if applicable)	Format	Inst. per line
Card:							
1							
2							
3							
4							
5							
Envelope:							
	Envelope Color	Lettering	Ink		Design/ Mono. # (if applicable)		Inst. per line
Name _____							
Street _____							
City, State, Zip _____							

Proof THANK YOU / NOTE

Quantity	Card Color	Lettering	Ink	Verse #	Design/ Monogram # (if applicable)	Format	Inst. per line
1							
2							
3							
4							
5							
6							

PRINTED ACCESSORY

Quantity	Item No.	Lettering	Ink <input type="checkbox"/>	Foil <input type="checkbox"/>	Design/Mono
1					
2					

Attention:

CHECK HERE FOR EXTRA ORDER FORMS

SPECIAL INSTRUCTIONS

PROOF INFO:

Please send proof via:

- Fax _____
- E-mail _____
- Mail _____

Proof ENVELOPE RETURN ADDRESS

Quantity	Envelope Color	Lettering	Ink	Design/Monogram # (if applicable)	Inst. per line
1					
2					
3					

Proof NAPKIN

Quantity	Item No.	Lettering	Format	Design/Monogram # (if applicable)	Inst. per line
			Foil		
1					
2					

Proof PLACE CARDS

Quantity	Paper Color	Lettering	Ink	Design/Monogram # (if applicable)	Inst. per line
1					
2					
3					

BLANK ITEMS

Quantity	Item No.	Description

Dealer Credit Card Information (Please Type)

 Exp. Date ____ / ____ VISA ____ Discover ____
 Mastercard ____ American Express ____
 X _____
 Authorized Signature _____

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

DIRECT SHIPMENT TO CUSTOMER

There is a small charge for this service.
 Note: Cannot deliver to P.O. Box.

Company or Name

Street Address

Apt. or Suite #

City State Zip

OFFICE USE ONLY

O. Type _____ C. Type _____ Proofer _____
 D.P. Cor. _____ Strip _____ Mono. _____
 1st Print _____ 2nd Print _____