

LETTERHEAD, ENVELOPE & SPECIALTY ORDER FORM

DATE _____

TYPESETTING INFORMATION

MAINLINE TYPESTYLE _____

BODY COPY: HV55 OTHER _____

STATIONARY STYLE #: _____

PLEASE FAX PROOF OF TYPESETTING

PLEASE EMAIL PDF PROOF OF TYPESETTING

LOGO ATTACHED USE LOGO # _____

CAMERA READY ART ATTACHED

REVISE ARTWORK IF NECESSARY

JOB INFORMATION

LETTERHEAD

ENVELOPE

SPECIALTY

ANNOUNCEMENT

QUANTITY _____

STOCK _____

INK COLOR(S) _____

THERMO

LASER SAFE

FLAT

If not checked your job will be printed THERMO.

FOIL COLOR _____

EMBOSS

SHIPPING INSTRUCTIONS:

WILL CALL RETURN TO VENDOR DIRECT SHIP TO CUSTOMER

ADDITIONAL INSTRUCTIONS: _____

COMPANY NAME _____

STREET ADDRESS _____

CITY, STATE, ZIP _____ PHONE _____

PURCHASE ORDER NUMBER _____

FOR OFFICE USE ONLY

SEND FORM

EMAIL

Please attach art with order

PRINT

For your copy or to fax

SAVE

To your computer