

AFFORDABLY C.S.: (800) 448-2839  
**INVITING™** Fax: (800) 521-8576

**PROOF**  
 Fax to: \_\_\_\_\_  
 Email to: \_\_\_\_\_

Quantity	Item No.	Lettering Style	Ink	Method of payment	Date Ordered
					Your P.O. Number (If Needed)

Quantity	Item No.	Lettering Style	Ink	Method of payment
Proof? <input type="checkbox"/>	Liner Color (if wanted)			
Design Number	Verse #	Front Copy: Name(s), Verse or Monogram		
	Layout #	Monogram Style: _____		

Follow wording exactly     Paragraph Form    Extra Blank Envelopes: Outside \_\_\_\_\_ Inside \_\_\_\_\_

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.
- 11.
- 12.
- 13.
- 14.
- 15.
- 16.
17. Corner Copy (if applicable)
- 18.
- 19.
- 20.

Company or Name \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 Apt. or Suite # \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone # \_\_\_\_\_

**SPECIAL INSTRUCTIONS, SHIPPING, SPELLING, ETC.**

**ORDER SUPPLIES HERE**  
 CHECK HERE FOR EXTRA ORDER BLANKS  
 CHECK HERE FOR EXTRA ORDER ENVELOPES

**DROP SHIPMENT**  
 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

**ENVELOPE RETURN ADDRESS**

Quantity	Item No.	Lettering	Ink
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- 1.
- 2.
- 3.

**RECEPTION CARD**

Quantity	Item No.	Lettering	Ink
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LAYOUT # \_\_\_\_\_ VERSE # \_\_\_\_\_

- 1.
- 2.
- 3.
- 4.
- 5.

**RESPOND CARD**

Quantity	Item No.	Lettering	Ink
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LAYOUT # \_\_\_\_\_ VERSE # \_\_\_\_\_

- 1.
- 2.
- 3.
- 4.
- 5.

**RESPOND ENVELOPE**

Quantity	Item No.	Lettering	Ink
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- 1.
- 2.
- 3.

**PRINTED THANK YOU/INFORMAL**

Quantity	Item No.	Lettering	Ink
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LAYOUT # \_\_\_\_\_ VERSE # \_\_\_\_\_

- 1.
- 2.
- 3.
- 4.
- 5.

**MATCHES OR NOTEPADS**

Quantity	Item No.	Lettering	FOIL
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DESIGN # \_\_\_\_\_

- 1.
- 2.

**NAPKINS**

Quantity	Item No.	Lettering	<input type="checkbox"/> INK <input type="checkbox"/> FOIL
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DESIGN # \_\_\_\_\_  
 LAYOUT # \_\_\_\_\_

- 1.
- 2.

**ADDITIONAL ITEMS**

Quantity	Item No.	Lettering	DESIGN #	IMPRINT COLOR
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- 1.
- 2.
- 3.