

Naturally
ever after™

C.S.: (800) 448-2839
Fax: (800) 521-8576

PROOF

Fax to: _____
Email to: _____

ENVELOPE RETURN ADDRESS

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

Date Ordered

Your P.O. Number
(If Needed)

RECEPTION CARD			
Quantity	Item No.	Lettering	Ink
		LAYOUT #	VERSE #

1.			
2.			
3.			
4.			
5.			

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.
- Corner Copy (if applicable)

RESPOND CARD			
Quantity	Item No.	Lettering	Ink
		LAYOUT #	VERSE #

1.			
2.			
3.			
4.			
5.			

Quantity	Item No.	Lettering	Ink

1.			
2.			
3.			

Quantity	Item No.	Lettering	Ink
		LAYOUT #	VERSE #

1.			
2.			
3.			
4.			
5.			

- 18.
- 19.
- 20.

Quantity	Item No.	Lettering	FOIL
			DESIGN #
1.			
2.			

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

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

X _____
Customer Signature Copy has been read and is correct

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.

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

Quantity	Item No.	Lettering	DESIGN #	IMPRINT COLOR

1.				
2.				
3.				