

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 _____

COLOR OF PRINT: Black ink unless specified.

VERSE NUMBERS: If your invitation selection is a single panel, please note your verse choice in the Front Location below.

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

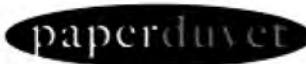
We greatly appreciate your business
and hope to continue serving you in the future!
The copy has been read and is correct

Customer's Signature _____

Sales Associate _____

Retail Price _____
Sales Tax _____
Shipping _____
Total _____
Deposit _____
Amount Due _____

B



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Page

of

CR

THIS BOX FOR OFFICE USE ONLY

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

Attention:

Dealer Credit Card Information (Please Type)

Card # _____
Expiration Date ____ / ____ VISA MasterCard
 Discover Am Exp
X _____
Authorized Signature _____

Proof **EVENT CARD**

Quantity	Card Color	Lettering	Ink	Verse #	Design/ Mono. # (if applicable)	Format
----------	------------	-----------	-----	---------	------------------------------------	--------

1						Inst. per line
2						
3						
4						
5						
6						

CHECK HERE FOR EXTRA ORDER FORMS

SPECIAL INSTRUCTIONS

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

Proof **REPLY SET**

Quantity	Card Color	Lettering	Ink	Verse #	Design/ Mono. # (if applicable)	Format
----------	------------	-----------	-----	---------	------------------------------------	--------

1						Inst. per line
2						
3						
4						
5						

PROOF INFO:

Please send proof via:
 Fax
 E-mail
 Mail

Proof **ENVELOPE RETURN ADDRESS**

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

Proof **NAPKIN**

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

Name _____

Street _____

City, State, Zip _____

Proof **THANK YOU / NOTE**

Quantity	Card Color	Lettering	Ink	Verse #	Design/ Monogram # (if applicable)
----------	------------	-----------	-----	---------	---------------------------------------

1					Inst. per line
2					
3					
4					
5					
6					

Proof **PLACE CARDS**

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

PRINTED ACCESSORY

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

1					
2					

BLANK ITEMS

Quantity	Item No.	Description
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OFFICE USE ONLY

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