BILLING INFORMATION

YOUR ACCOUNT # IS NEEDED TO PROCESS YOUR ORDER

Thank You! ☐☐☐☐☐☐☐☐

COMPANY

CONTACT

ADDRESS

CITY STATE ZIP

PHONE FAX

YOUR ORDER DATE:

YOUR P.O. NUMBER:

OUR DATE OF RECEIPT:

SHIPPING INFORMATION

❑ I WILL PICK UP ❑ DELIVER TO ME ❑ SHIP TO ME

❑ PLEASE DROP SHIP TO MY CUSTOMER AT:

RUSH JOB!

NEED BY: _____

I UNDERSTAND RUSH CHARGES MAY APPLY

YOUR ORDER WILL HAVE RAISED INK UNLESS OTHERWISE REQUESTED

☒ **RAISED**

☐ **FLAT**

☐ **LASER RAISE** *(LASER SAFE)*

QUANTITY

STOCK NAME

STOCK COLOR

FIRST INK OR FOIL

SECOND INK OR FOIL

THIRD INK OR FOIL

MAINLINE FONT

BODY FONT

CATALOG LAYOUT

CATALOG ART

MAINLINE OF YOUR ORDER

☐ ART IS BEING EMAILED
☐ FONTS ARE BEING EMAILED
☐ JOB IS BEING EMAILED

ELECTRONIC INFO

- ☐ PageMaker doc.
- ☐ Quark Xpress doc.
- ☐ Quark Xpress eps
- ☐ Illustrator eps
- ☐ FreeHand eps
- ☐ Photoshop tiff/eps
- ☐ CorelDRAW cdr file
- ☐ InDesign
- ☐ PC TrueType fonts
- ☐ Mac TrueType fonts
- ☐ Mac Postscript fonts

These are the files we can accept. Please do not embed graphics, it makes the file sizes too big. Do not use colorized Photoshop images, they will not color separate properly. When using fonts, it is best to convert them to paths, curves, or outlines in any of the art programs listed above. We cannot accept word processing files.

CHECK ONE

- ☒ **Business Card**
- ☐ **Business Card** *2 Sided - Front*
- ☐ **Business Card** *2 Sided - Back*
- ☐ **Jot/a/Card®**
- ☐ **Note Card**
  - ☐ Square ☐ Round
- ☐ **Foldover**
  - ☐ short fold ☐ full fold
- ☐ **Rotary File Card**
  - ☐ left tab ☐ right tab
  - ☐ no tab ☐ center tab
- ☐ **Letterhead**
- ☐ **Envelope #10**
- ☐ **Postcard**
- ☐ **Memo Pads**
  - ☐ 4 1/4" x 5 1/2"
  - ☐ 4 1/4" x 6"
  - ☐ 5 1/2" x 8 1/2"
- ☐ **Invitation**

PLEASE SPECIFY SIZE

"HOUSE STANDARDS": SEE Reference Section for Prepress Standards. We are not responsible for handwritten copy

☐ **PROOF REQUESTED**

☐ PREVIOUS INVOICE NUMBER AND DATE & MAINLINE: *Provide all three pieces of info and receive $1.00 off. (Good for 2 years from invoice date.)*

GOOD ONLY FOR EXACT REPEATS.

Special Instructions:

BCP USE ONLY

WHEN COMPLETED, FAX TO: 800-875-7700 or 269-327-8362