

505 Douro Street, Stratford, ON N5A 3S9 Phone 1-800-563-1212 Fax 1-800-268-3442



GRAPHICS		customerservice@	WEDDING / OCCASIONS / BIRTH ORDER FORM Date Ordered:		
Dealer Name	r Name Account:				
Postal Code Phone#:				Dealer's Order Number:	
Check this box if o	nny of the above is new. Use	e a separate order	form for each printed o	r blank item.	
Item Number	Envelope Lining Code	Quantity	Lettering Style - Format	Page Number	FAX: Page of
					ATTENTION:
Colour of Print: black ink un	Motif	ayout Mono- gram Style	Ribbon or Tassel Colour	Pocket Colour	PROOF: Check here to request a proof. (There is an additional charge for this service.)
Front Copy: Name(s) or Initials	-		erse Numbers	I	QUOTE #:
	Front	Inside Left Insid	de Right Inside Top	Inside Bottom	SHIPPING: Your order will be shipped by Purolator
Formats: Please include an illustration of the positioned copy.					ground. Please indicate below if you require express shipping.
2					There is a small charge for this service. Note: Cannot deliver to a P.O. Box Name or Company Apt. or Suite # Street Address City Province Postal Code Envelope: Envelope Imprint Addressed Envelopes Please use separate order form SPECIAL INSTRUCTIONS Unusual spellings, etc.
16	sifor Respond Card (Remen	nber to include nar	Right Corner Co	py (if applicable)	

The copy has been read and is correct.

Thank you for your order!

_ Sales Associate: _