

# RCHP.COM RAISED INK PRINTING ORDER FORM

P.O. # \_\_\_\_\_  
Date \_\_\_\_\_

- Business Card  Letterhead  Envelopes  Foil Stamping  Embossing  Other

Regular Raised Lettering Is Not Recommended For Letterhead Or Envelopes Being Used In A Laser Printer Or Copier

- Please Indicate If Laser Safe Is Required At Additional Charge  Please Indicate If Flat Print Is Required

**1** Quantity \_\_\_\_\_

**2** Card Stock \_\_\_\_\_

- Two Sided Card  Camera Ready Art Attached  
(two Copies Must Be Furnished)

Ink Color(s):

- 3**
- Black  Red  Brown  
 Blue-Reflex  Green  Burgundy  
 Blue-Process  Teal  Gray  
 PMS #1 \_\_\_\_\_  PMS #2 \_\_\_\_\_  
 FOIL #1 \_\_\_\_\_  FOIL #2 \_\_\_\_\_

Use A Separate order form for each name chance.

**5** Mainline # \_\_\_\_\_

Logo # \_\_\_\_\_

Layout # \_\_\_\_\_

- Previous Card Attached  
 Match As Close As Possible  
 Reproduce Card  
 Return Artwork

Additional Instructions \_\_\_\_\_

**4** Draw arrow to MAINLINE and indicate all ink colors

TYPE OR HAND PRINT ONLY  
POSITION COPY AS YOU WANT IT TO APPEAR ON FINAL PRODUCT

1/4" BORDER

1 4 BORDER

Use above space for Layout and Copy  
RCHP.COM IS NOT RESPONSIBLE FOR ERRORS MADE  
DUE TO ILLEGIBLE HANDWRITING.

**6** Customer's Approval \_\_\_\_\_ Phone, \_\_\_\_\_

**Please check for proper spelling and punctuation before submitting order. RCHP.COM, P.O. Box 1014, St. Ann, MO 63074**  
If copy is illegible or instructions are not clear and a phone call is required, the order may be delayed. Allow an extra (Day for 2 sided cards.

**OFFICE USE ONLY**

Typeset \_\_\_\_\_  
 Proof (1) \_\_\_\_\_  
 Proof (2) \_\_\_\_\_  
 Paste-up \_\_\_\_\_  
 Print \_\_\_\_\_  
 Slit \_\_\_\_\_  
 Date \_\_\_\_\_  
 Invoice# \_\_\_\_\_

BASE PRICE		
LOGO		
PASTEUP		
EXTRA LINES		
BLEEDS		
BORDERS		
VERTICAL CARD		
REDUCE/ENLARGE ART		
CLOSE/HAIRLINE REG.		
TWO SIDED CARD		
PMS CHARGE		
OTHER		
SUBTOTAL		
TAX		
TOTAL		

\_\_\_\_\_  
Contact Person  
 \_\_\_\_\_  
Company Name  
 \_\_\_\_\_  
Address  
 \_\_\_\_\_  
City / State / Zip  
 \_\_\_\_\_  
Phone # / Fax Number