



P.O. Box 1014, St. ANN, MO 63074
(314) 389-2826 FAX (314) 389-2826

Customer _____

Job Name _____

Phone # _____ Fax # _____

Ordered By _____ Payment _____

Date Ordered: _____

Date Needed To Ship: _____

TERMS

Contact: _____ Quote # _____

Amount: _____ Resale # _____

Reorder: No Yes: Date of Last Order: _____

C.O.D. Requires Minimum 50% Deposit

Deposit: _____ Balance Due _____

Will Call Shipping (See Back): _____

Normal Delivery is 7 - 10 work days Plus Transit Time

STOCK

Quantity: _____ Finished Size: _____ Pocket Size: _____

Paper Supplied By: Customer Presentation Folder Inc.

Brand/Mill: _____ Color: _____ Weight _____

Pockets: Right Left Both Glue No Glue Pocket Size: 3" 4" Other _____

Other: _____

PRINTING

Areas to be Printed:

Indicate Location of Operation on Back of Order Form

(A) Front Cover (D) Inside Right

(B) Back Cover (E) Left Pocket

(C) Inside Left (F) Right Pocket

IMPORTANT: Indicate Color Breakdown on Art or Proof

Ink #1 _____ Ink #2 _____

Ink #3 _____ Ink #4 _____

If 4-Color Process, Supply Composed Negatives (Film), Emulsion-Down, and Color Key Proof.

LAMINATING

FOIL

Areas to be Foiled:

Indicate Location of Operation on Back of Order Form

Foil Die Supplied: Yes No On File

(A) Front Cover (B) Back Cover (C) Inside Left

(D) Inside Right (E) Left Pocket (F) Right Pocket

IMPORTANT: Indicate Color Breakdown on Art or Proof

Foil #1 _____ Foil #2 _____

Foil #3 _____ Foil #4 _____

EMBOS

Areas to be Embossed:

Indicate Location of Operation on Back of Order Form

Embossing Die Supplied: Yes No On File

(A) Front Cover (B) Back Cover (C) Inside Left

(D) Inside Right (E) Left Pocket (F) Right Pocket

CARD SLITS

Business Cards Yes No

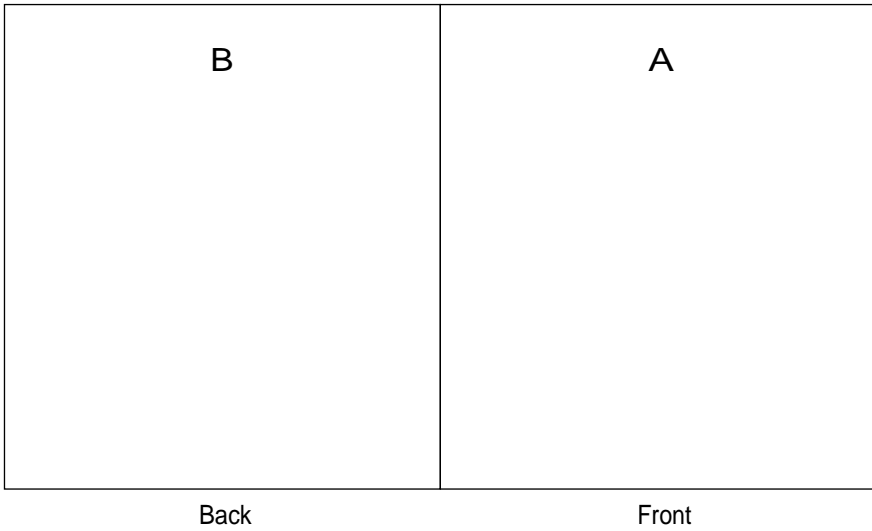
Horizontal Card Slits (3 1/2 x 2) Vertical Card Slits (2 x 3 1/2)

Left Flap Right Flap Both

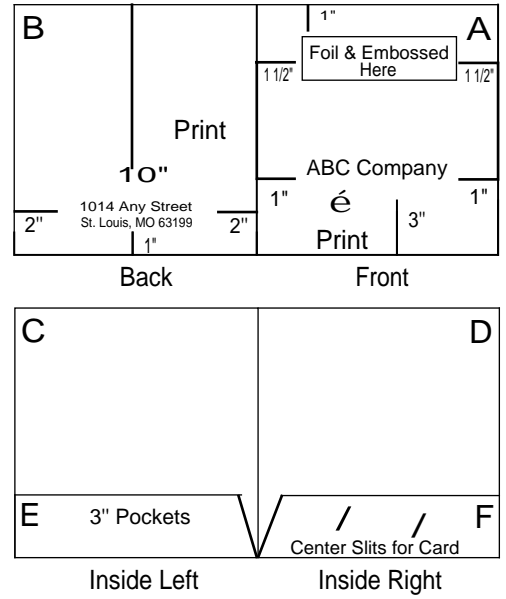
Other: _____

PLEASE SEE BACK FOR FURTHER INFORMATION

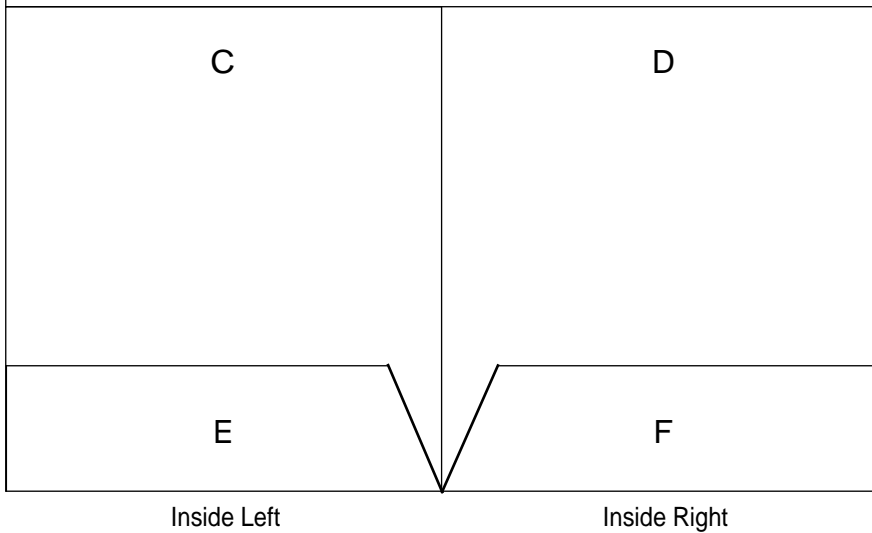
OUTSIDE OF FOLDER



SAMPLE



INSIDE OF FOLDER



Please Mark Location of Operation (See Sample Above).
Please Mark Business Card Slits and Size of Pockets.

Special Instructions: _____

Bill To: _____

Ship To: _____

BALANCE DUE BEFORE SHIPPING TO CUSTOMER

- Labels Enclosed for Shipping Generic Computer - Addressed Labels Your Labels Shipped to Me

REMEMBER TO INCLUDE THE FOLLOWING:
Check or Money Order for full amount
Camera-Ready Artwork, Color Separations and Clearly Marked Proofs.

Please Sign That This Form Has Been Filled Out Correctly.
Thank You for Your Order.

Signature: _____ Date: _____

Name (Please Print) _____