

Customer _____

Phone # _____ Fax # _____

Contact _____

Initials _____ PO#/Ref# _____

RT #

POSTALANNEX⁺

Your Home Office.

INK COLOR(S) Check All That Apply

- Black
- Red
- Dark Blue
- Brown
- Burgundy
- Light Blue
- Teal
- Green
- Gold
- PMS# _____
- Supplied

Date _____

End Quantity _____

Business Card

Paper Stock _____

Letterhead

Layout # _____

Envelope _____

_____-Part NCR

Flat Print

Raised Print

2 Sided (FLAT ONLY)

Proof/Fax # _____

Flyer

Other _____



Special Instructions: _____

Please put ALL additional instructions (Typestyles, Point sizes, etc.) outside business card box below. ▼▼▼

OFFICE USE ONLY • OFFICE USE ONLY

TYPESETTING DISK:

PROOF 1

PROOF 2

Return Supplied Artwork

Previous Invoice # _____

To AVOID DELAYS please check Appropriate Boxes:

OK To Match Sample AS CLOSE AS POSSIBLE

OK To Reduce Point Sizes (Relatively) As Necessary to Fit.

F/L = Flush Left

C = Caps

Center

U/L = Upper/Lower

F/R = Flush Right