







CUSTOM PRESENTATION FOLDERS ORDER FORM

CUSTOMER: _____
JOB NAME: _____
ORDERED BY: _____ **PAYMENT:** _____
PHONE: _____ **FAX:** _____
EMAIL: _____

DATE ORDERED

DATE NEEDED

T E R M S	Contact: _____	PAYMENT <input type="checkbox"/> Check Enclosed																			
	Quote#: _____ Amount \$ _____	Bill My: <input type="checkbox"/> Deposit <input type="checkbox"/> Balance On Completion																			
	<input type="checkbox"/> Reorder Date Last Order: _____	<input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/> 																			
	<input type="checkbox"/> 50% Deposit — Balance on Completion Shipping details page 2 <input type="checkbox"/> Will Call Normal Delivery is 5-7 Business Days plus transit time	Credit Card Number (do not use spaces or hyphens) <table border="1" style="width: 100%; height: 20px;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> Exp. Date: _____ Security Code: _____ _____ Cardholder's Signature																			

S T O C K	Quantity: _____ Finished Size: _____ Pockets #: _____
	Brand / Mill: _____ Color: _____ Weight: _____
	Pockets: <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Both <input type="checkbox"/> Glue <input type="checkbox"/> No Glue Pocket Size: <input type="checkbox"/> 3" <input type="checkbox"/> 4" <input type="checkbox"/> Other
	Other: _____

P R I N T I N G	Areas to be Printed: (Indicate location of operations on page 3)	IMPORTANT (Indicate color breakdown on art or proof)
	<input type="checkbox"/> (A) Front Cover <input type="checkbox"/> (B) Back Cover	Ink 1: _____ Ink 2: _____ Ink 3: _____ Ink 4: _____
	<input type="checkbox"/> (C) Inside Left <input type="checkbox"/> (D) Inside Right	<input type="checkbox"/> 4 Color Process (supply composed negatives (film), emulsion-down and color-key proof)
	<input type="checkbox"/> (E) Left Pocket <input type="checkbox"/> (F) Right Pocket	<input type="checkbox"/> Laminating

F
O
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Areas to be Foiled:

(Indicate location of operations on page 3)

- (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: _____

Foil Die Supplied: Yes No On File

E
M
B
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Areas to be Embossed:

(Indicate location of operations on page 3)

- (A) Front Cover (B) Back Cover
- (C) Inside Left (D) Inside Right
- (E) Left Pocket (F) Right Pocket

Embossing Die Supplied: Yes No On File

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Business Card Slits:

- Yes No Horizontal Card Slits (3 ½ x 2) Vertical Card Slits (2 x 3 ½)
- Left Flap Right Flap
- Both Other _____

NORMAL DELIVERY IS 5 - 7 BUSINESS DAYS AFTER PROOF APPROVAL, PLUS TRANSIT TIME

BILL TO:

SHIP TO:

- Standard Delivery
- Overnight
- 2nd Day
- International

REMEMBER TO INCLUDE THE FOLLOWING:

Camera-Ready Artwork, Color Separations and Clearly Marked Proofs
[Artwork Requirements](#)

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

Signature: _____

Date: _____

Name (Please Print Clearly): _____