



SEP 'N SEND ORDER FORM

Dealer Name:				Account:		Date Ordered:	
Contact Name:				Phone#:		PO#:	
Quantity	Item #	Design #	Main Font Code	Ink Color 1	Ink Color 2	<input type="checkbox"/> PROOF REQUIRED	
Invitation Copy					Additional Font code	DIRECT SHIPMENT TO CUSTOMER	
1					1	Name or Company	
2					2	Apt. or Suite #	
3					3	Street Address	
4					4	City Province Postal Code	
5					5	Direct Phone #	
6					6	Envelope <i>(Please use separate order form)</i>	
7					7	<input type="checkbox"/> Invitation Envelope Imprint	
8					8	<input type="checkbox"/> Addressed Envelopes <i>(Variable Data)</i>	
9					9	SPECIAL INSTRUCTIONS	
10					10	<i>Unusual spellings, etc.w</i>	
11					11		
12					12		
13					13		
14					14		
15					15		
Reception Card Copy					1		
1					2		
2					3		
3					4		
4					5		
5					6		
6					7		
Response Card Copy					1		
1					2		
2					3		
3					4		
4					5		
5					6		
6					7		
Response Envelope Copy					1		
1					2		
2					3		
3					4		