

Please Complete Order Form Accurately & Clearly

**CUSTOM PRINTING ORDER FORM**

**STOCK / COLOR** **QUANTITY**

ACCT. # _____	P.O. # _____ (If Required)
DEALER _____	
ADDRESS _____	
CITY _____	
PHONE _____	FAX _____

**ITEM** **INK COLOR**

<input type="checkbox"/> BUSINESS CARDS <input type="checkbox"/> LETTERHEADS <input type="checkbox"/> ENVELOPES <input type="checkbox"/> TEL-A-DEX CARD <input type="checkbox"/> CARI-A-CARD® <input type="checkbox"/> FOLD-R-CARD® Short _____ Full _____ <input type="checkbox"/> ANNOUNCEMENT # _____ <input type="checkbox"/> ANNOUNCEMENT EPS. <input type="checkbox"/> PRESENTATION FLDR. <input type="checkbox"/> HANG-AD LG _____ SM _____ <input type="checkbox"/> OTHER _____ <input type="checkbox"/> <b>PROOF FIRST</b>	<input type="checkbox"/> BLACK <input type="checkbox"/> REFLEX BLUE <input type="checkbox"/> RED <input type="checkbox"/> PROCESS BLUE <input type="checkbox"/> GREEN <input type="checkbox"/> BROWN <input type="checkbox"/> BURGUNDY <input type="checkbox"/> GRAY <input type="checkbox"/> GOLD <input type="checkbox"/> SILVER <input type="checkbox"/> TURQUOISE <input type="checkbox"/> PMS _____ <input type="checkbox"/> PMS _____ <input type="checkbox"/> FOIL _____ <input type="checkbox"/> FOIL _____
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<b>TYPESTYLE</b>	
MAINLINE TYPESTYLE _____	BODY COPY TYPESTYLE _____
<b>LOGO</b>	
<input type="checkbox"/> LOGO FROM CATALOG	<input type="checkbox"/> CUSTOMER SUPPLIED LOGO
	<input type="checkbox"/> C/R ART ATTACHED (INCLUDE 4 PIECES)
LOGO # _____	<input type="checkbox"/> RETURN ART
<b>PRINTING METHOD</b>	
<input type="checkbox"/> THERMOGRAPHY <input type="checkbox"/> LASER SAFE <input type="checkbox"/> FLAT PRINT <input type="checkbox"/> FOIL	

**SPECIAL INSTRUCTIONS AND CUSTOM SERVICES**

**INDICATE MAINLINE WITH ARROW**

1. Print copy clearly on lines below in proper sequence and in approximate position each line is to appear  
 2. Indicate MAINLINE or largest type line with an (→) in left column.  
 3. If TWO (or more) INK COLORS are used mark color of each line in column at right.  
 4. Attach previously printed sample if possible and mark changes wanted.  
 5. Body copy is 8 pt. medium Helvetica (see catalog type) unless otherwise specified.

**INDICATE COLOR**


**BCT®**

**23101 TERRA DRIVE  
LAGUNA HILLS, CA  
949-859-0801  
FAX: 949-830-6217**

CUSTOMER APPROVAL	
SALESPERSON _____	DATE _____

WE RETAIN ORDER FORMS FOR ONLY 30 DAYS. ALL CLAIMS OR CORRECTIONS MUST BE MADE WITHIN THIS PERIOD.

ROUTE \_\_\_\_\_

DATE \_\_\_\_\_

<b>BCT USE ONLY</b>	
SCAN # _____	
TYPESET# _____	
PROOFED _____	
PASTE-UP _____	
PRESS _____	