



CHECKERBOARD

ACCT # PO #.....

CUSTOMER
LAST NAME(S)

DATE..... PAGE OF

COMPANY

SHIP TO STORE DROP SHIP (ADDRESS BELOW - INCURS DROP SHIP FEE)

CONTACT NAME.....

ADDRESS

PROOF REQUESTED EMAIL FAX

PAID RUSH ____ # DAYS ____ \$ FEE
Rush fees and restrictions apply

SHIPPING METHOD GROUND
 3-DAY 2-DAY OVERNIGHT

QUANTITY	ITEM NUMBER	ALBUM & PAGE / SUITE	INK COLOR(S)	TYPESTYLE(S)	MOTIF CODE
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1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.
14.
15.
16.

SPECIAL INSTRUCTIONS

RIBBON(S) OR APPLIQUE(S) (If different than sample)

LAYERING INSTRUCTIONS (If different than sample)

TOP

2ND

3RD

ENVELOPE INFORMATION

QUANTITY	INK COLOR(S)	TYPESTYLE(S)	MOTIF CODE	ENVELOPE NOTES
LINER / DECORATION		<input type="checkbox"/> UPGRADE ENVELOPE		

ENVELOPE COPY	<input type="checkbox"/> ADDRESSING DETAILS
1.	LIST ID #
2.	CUSTOMER NAME
3.	CUSTOMER EMAIL