Write Impressions

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PAGE ____ OF ____ PAGES DATE_____

BUSINESS NAME _____

CUSTOMER _____

ADDRESS _____

CITY, STATE, ZIP _____

PHONE ( ) _____ FAX ( ) _____

EMAIL ADDRESS _____ WEB-SITE _____

ORDER NO. _____ ACCOUNT NO. _____

SHIP VIA ☐ overnight ☐ 2nd day ☐ 3 day ☐ regular
☐ drop ship to:

NAME OF ALBUM	ITEM OR PAGE #	QUANTITY	TYPE-STYLE (S)	INK COLOR(S)

COPY

Please print or type clearly. Check spelling carefully. Use separate order form for each item. Leave blank space in each place you wish a space to appear. Note any unusual spelling or copy. Underline caps. We will not be responsible for errors due to handwritten copy.

FREE PROOF ☐ **by fax** ☐ **by email**

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PRINT TYPE

☐ FLAT PRINT ☐ RAISED PRINT
☐ FOIL STAMP ☐ AS SHOWN

COPY PLACEMENT (Circle)

Flush Left	Bottom Left	Top Left
Flush Right	Bottom Right	Top Right
Center	As Shown	Be Creative

PAPER AND COLOR

_____
TOP

_____
MIDDLE

_____
BOTTOM

ENVELOPE

_____
COLOR

_____
LINING

☐ SEAL STRIP ☐ SEAL

ENVELOPE COPY

_____
INK COLOR

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Special Notes: