

Date _____

Store _____ Account # _____ PO# _____

Address _____ Store Tel # _____

City _____ State _____ Zip Code _____ Store Fax # _____

Ship via: Ground 2nd Day Air Next Day Store E-mail _____

Drop Shipping Name _____ Phone _____

Address _____

City _____ State _____ Zip Code _____

Please use separate form for each order - Please print or type copy exactly as desired below - Separate each word with a space

Napkin Number	Description of Napkin	Ink Color	Foil Color	Font Name	Motif Description	Motif Code	Quantity
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COPY

Line 1 _____

Line 2 _____

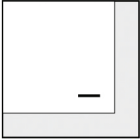
Line 3 _____

Please Underline All Capital Letters.


NAPKIN IMPRINT POSITION

Please note that screened areas indicate perforation on the Triple-Ply napkins; Paper Linen napkins have no perforation.

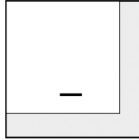
Cocktail Napkin



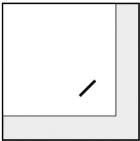
Lower Right




Center




Bottom Center



Diagonal Right

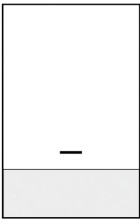


Diagonal Center

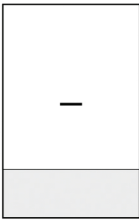


Perf Area

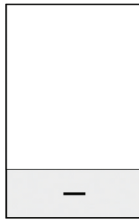
Guest Towel



Bottom Center



Center



Perf Area

SIZE OF IMPRINT: Please specify item and page number below.

As Sample - item # _____

as seen in: _____

Napkin catalog - page # _____ Ring _____

INITIALS LAYOUT

(Last name initial will appear on the right.)

First Initial
Middle Initial
Last Initial

MONOGRAM LAYOUT

(Last name initial will appear in center.)

First Initial
Last Initial
Middle Initial

MUST SHIP BY:

Proof Requested

Fax E-mail

Fill out store information above

CUSTOM MADE FOIL DIES

Special Charge Approved

PAID RUSH:

Standard

I Day

Call customer service for timing and price

SPECIAL INSTRUCTIONS: