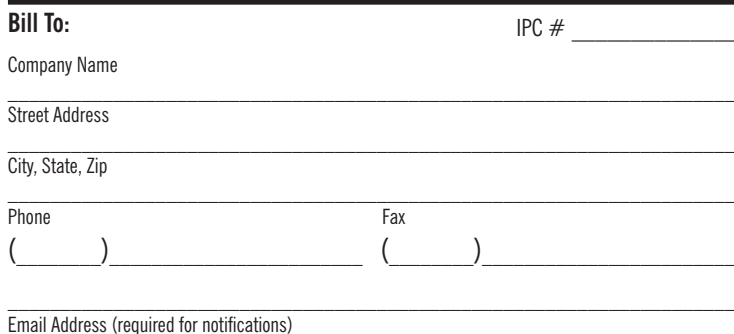


☐ New Order  
☐ Reorder #

P.O. # \_\_\_\_\_  
Contact Person: \_\_\_\_\_



Street, City, State:

Company Name	
Street Address	
City, State, Zip	
Phone	Fax
(            )	(            )

☐ \$27 Same day rush when orders are received by noon CST.[illegible]

☐ EXPRESS 3/PG START-UP-KIT Kit Qty: ☐ 150 ☐ 300 ☐ 600

☐ EXPRESS LASER-KIT Kit Qty: ☐ 250 ☐ 500

☐ Other Qty:☐ DWE    ☐ DWQ    ☐ DWQS☐ 7-Ring: ☐ Blue ☐ Charcoal ☐ Green or ☐ Plastic Spiral  
(Blue Only)

☐ Pocket Cover      ☐ Compact Cover      ☐ RA - Return Address Stamp  
☐ Pocket Register      ☐ Compact Register      ☐ RS - Endorsement Stamp  
☐ Checkbook Pocket Organizer

☐ Proof (allow 24 hrs. for proofs) Fax \_\_\_\_\_  
Email \_\_\_\_\_

If text is needed in signature area, please print below:

Fraction #	

If text is needed in signature area, please print below:

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City/State/Zip