

ORDER CUT OFF TIME IS 3:00 PM

PROOF 2-SIDED BLEED SUPPLIED STOCK-BIN # _____

THERMOGRAPHY ORDER FORM			CUSTOMER APPROVAL _____	DATE _____
DEALER: _____			CARD SPECIFICATIONS	
PHONE: _____			MAINLINE TYPESTYLE _____	BODY COPY TYPESTYLE _____
SALES/COUNTER PERSON: _____		P/O # (If Required) _____	LOGO / ARTWORK	
			<input type="checkbox"/> LOGO FROM CATALOG	<input type="checkbox"/> CAMERA READY ART OR LOGO
			LOGO # _____	<input type="checkbox"/> ARTWORK E-MAILED
				<input type="checkbox"/> RETURN ARTWORK
QUANTITY	STOCK	STOCK COLOR	CUSTOM SERVICES	
			<input type="checkbox"/> FLAT	<input type="checkbox"/> OVERPRINT
			<input type="checkbox"/> TRAP REGISTER	<input type="checkbox"/> REVERSE
			<input type="checkbox"/> HAIRLINE REGISTER	<input type="checkbox"/> SCREEN % _____
			<input type="checkbox"/> DO NOT CUT	<input type="checkbox"/> VERTICAL CARD
			<input type="checkbox"/> BORDER Cat. # _____	<input type="checkbox"/> LASER SAFE
ITEM		INK COLOR		
<input type="checkbox"/> BUSINESS CARDS	FOLD-R-CARD®	<input type="checkbox"/> BLACK		
<input type="checkbox"/> LETTERHEADS	<input type="checkbox"/> FULL FOLD	<input type="checkbox"/> RED		
<input type="checkbox"/> ENVELOPES #10	<input type="checkbox"/> SHORT FOLD	<input type="checkbox"/> REFLEX BLUE		
<input type="checkbox"/> TEL-A-DEX CARD		<input type="checkbox"/> RHODAMINE RED		
<input type="checkbox"/> CARI-A-CARD®		<input type="checkbox"/> HUNTER GREEN		
<input type="checkbox"/> ANNOUNCEMENT # _____		<input type="checkbox"/> PROCESS BLUE		
<input type="checkbox"/> ANNOUNCEMENT ENV. # _____		<input type="checkbox"/> AQUA/TEAL	<input type="checkbox"/> VIOLET	
<input type="checkbox"/> OTHER: _____		<input type="checkbox"/> BURGUNDY	<input type="checkbox"/> GRAY	
		<input type="checkbox"/> GREEN	<input type="checkbox"/> GOLD	
		<input type="checkbox"/> ORANGE	<input type="checkbox"/> SILVER	
		<input type="checkbox"/> BROWN		
		<input type="checkbox"/> PMS _____		
		<input type="checkbox"/> PMS _____		
SPECIAL INSTRUCTIONS				

DO NOT REVISE **IF COPY DOES NOT FIT OR TYPE CANNOT BE MATCHED, ORDER WILL BE REVISED UNLESS YOU CHECK THE "DO NOT REVISE BOX"**

INDICATE MAINLINE WITH ARROW	<ol style="list-style-type: none"> 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 arrow 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 the changes needed. 	INDICATE COLOR

WE RETAIN CUSTOMER FILES FOR 30 DAYS. WE ARE SORRY, BUT WE CANNOT ACCEPT RESPONSIBILITY FOR ERRORS BEYOND THAT POINT.

bct MARIETTA
 Phone: 770-850-8730
 E-mail: orders@bctmarietta.com
 Web: bctmarietta.com

BCT USE ONLY

Typeset _____

Verify _____

WRITE IN DROP SHIP ADDRESS OR PLACE DROP SHIP LABEL HERE