

**01-02-005**



For faster service,  
Fax your order form to (586) 949-0813

**Death Certificate**

---

ISSUED BY

**YOUR NAME HERE**

4" x 9 1/4" closed document folder.

| PAPER COLORS (choose one) |                 |                | INK COLORS (choose one) |                         |  |
|---------------------------|-----------------|----------------|-------------------------|-------------------------|--|
| <br>Marble Crush<br>White | <br>White Fiber | <br>Natural    | <br>Black               | <br>Brick               | <br>Royal Blue   |
| <br>Cream                 | <br>Gray        | <br>Rose       | <br>Navy Blue           | <br>Fern                | <br>Burgundy   |
| <br>Ice Blue              | <br>Thyme       | <br>Periwinkle | <br>Green               | <br>Teal                | <br>Violet   |
| <br>Yellow                |                 |                | <br>*Metallic<br>Gold   | <br>*Metallic<br>Silver | *Marble Crush<br>White paper<br>is recommended<br>for metallic inks. |

**TYPE NAME FOR IMPRINT BELOW**

**PRICING**

| 100      | 200    | 300    | 500    | 1000   | 2000   | 3000   |
|----------|--------|--------|--------|--------|--------|--------|
| \$111.00 | 159.00 | 191.00 | 257.00 | 355.00 | 688.00 | 942.00 |

**SELECTIONS**

| QUANTITY                             | PAPER | INK COLOR | PRICE         |
|--------------------------------------|-------|-----------|---------------|
|                                      |       |           |               |
| <b>Ground Shipping and Handling</b>  |       |           | <b>\$5.95</b> |
| <b>Sub Total</b>                     |       |           |               |
| <b>MI Residents add 6% Sales Tax</b> |       |           |               |
| <b>TOTAL AMOUNT DUE</b>              |       |           |               |

**Ship To:** (Shipped UPS Ground, no Post Office Boxes please.)

Name \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

E-Mail \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

Please allow 2 to 3 weeks for delivery.

**Method of Payment:** (check appropriate box)

Please bill me. P.O. # \_\_\_\_\_

Enclosed is a Check or Money Order payable to: PFC Products, Inc.

Charge to my:

Complete card number \_\_\_\_\_ Code \_\_\_\_\_

Expiration date \_\_\_\_\_ Signature of Card Holder \_\_\_\_\_

Address of Card Holder \_\_\_\_\_