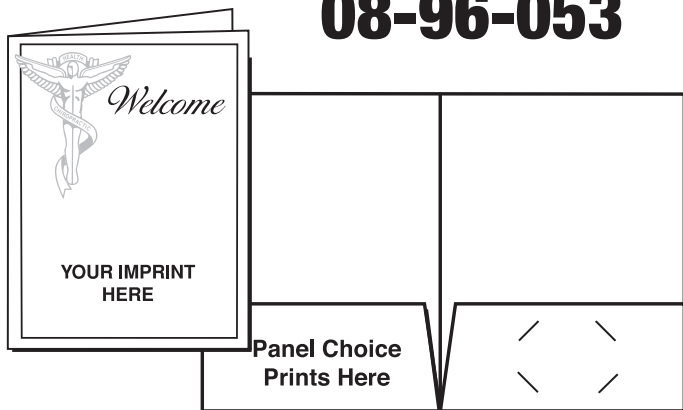


08-96-053



9" x 12" closed Presentation Folder

- Two 4" pockets with card slots as shown above.

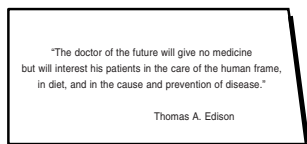


For faster service,

Fax your order form to (586) 949-0813

TYPE IMPRINT BELOW

Pocket Choice
(choose one)



FAMOUS QUOTE



WE CARE

For **WE CARE** services:

Check up to 18 or submit 18 custom services.

- | | |
|---|---|
| <input type="checkbox"/> Family Health Care | <input type="checkbox"/> Sciatica |
| <input type="checkbox"/> Migraines | <input type="checkbox"/> Pre / Post Natal Back Care |
| <input type="checkbox"/> Low Back Pain | <input type="checkbox"/> Massage Therapy |
| <input type="checkbox"/> Sports Injuries | <input type="checkbox"/> Muscle Spasms |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> TMJ |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Stress Management |
| <input type="checkbox"/> Chronic Fatigue | <input type="checkbox"/> Numbness |
| <input type="checkbox"/> Neck & Shoulder Problems | <input type="checkbox"/> Auto Accidents |
| <input type="checkbox"/> Carpal Tunnel | <input type="checkbox"/> AND MORE! |
| <input type="checkbox"/> Other _____ | |
| <input type="checkbox"/> Other _____ | |

PAPER COLORS

- 11 • White Marble Crush
- 42 • White Smooth
- 6D • White Fiber Smooth
- 6E • Natural Smooth
- 6F • Cream Smooth
- 6G • Gray Smooth

- 6H • Rose Smooth
- 6J • Ice Blue Smooth
- 4W • Sage Smooth
- 4X • Moonstone Smooth
- 48 • Bright White Felt

INK COLORS

- Black
- Royal Blue
- Red
- Navy Blue
- Burgundy
- Teal
- Green
- Brown
- Gray

PRICING

100	200	300	500	1000	2000	3000	5,000
\$280.00	395.00	476.00	593.00	853.00	1,372.00	1,690.00	2,512.00

SELECTIONS

QUANTITY	PAPER	INK COLOR	PRICE
Ground Shipping and Handling			\$4.95
Sub Total			
MI Residents add 6% Sales Tax			
TOTAL AMOUNT DUE			

Ship To: (We ship UPS, 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)

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

Charge to my:

Complete card number _____

Expiration date _____ Signature of Card Holder _____

Address of Card Holder _____