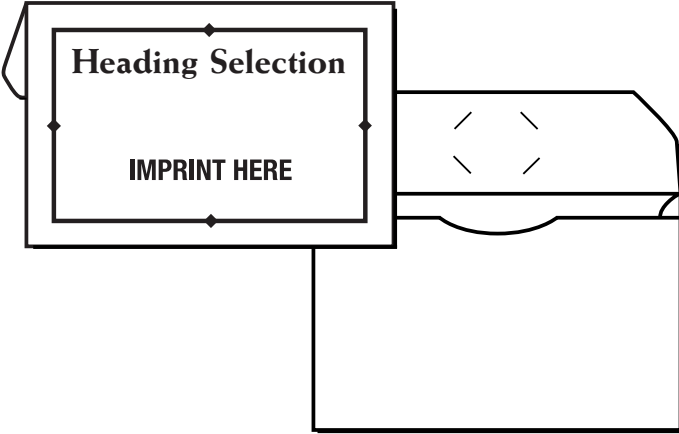




16-01-005

10" x 15" closed with a 3 5/8" flap and a full pocket.



CHECK YOUR HEADING CHOICE: (choose one)

- Insurance Papers
- Life Insurance Policy
- Auto Insurance Policy
- Create Your Own Heading _____
- Financial Planning Papers
- Homeowners Insurance Policy
- Life • Home • Auto Insurance Policy

TYPE IMPRINT BELOW

PAPER COLORS				INK COLORS		
<input type="checkbox"/> Bright White	<input type="checkbox"/> White Fiber	<input type="checkbox"/> Natural	<input type="checkbox"/> Cream	<input type="checkbox"/> Black	<input type="checkbox"/> Red	<input type="checkbox"/> Royal Blue
<input type="checkbox"/> Yellow	<input type="checkbox"/> Gray	<input type="checkbox"/> Thyme	<input type="checkbox"/> Periwinkle	<input type="checkbox"/> Navy Blue	<input type="checkbox"/> Gray	<input type="checkbox"/> Burgundy
<input type="checkbox"/> Marble Crush White	<input type="checkbox"/> Rose	<input type="checkbox"/> Ice Blue		<input type="checkbox"/> Green	<input type="checkbox"/> Teal	<input type="checkbox"/> Brown
				<input type="checkbox"/> Fern	<input type="checkbox"/> Brick	<input type="checkbox"/> Violet

PRICING

100	200	300	500	1000	2000	3000
\$ 429.00	613.00	739.00	842.00	1177.00	1898.00	2668.00

SELECTIONS

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

Crests - check box for crest(s) desired

-
-
-
-
-
-
-
-
-

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 _____ Code _____

Expiration date _____ Signature of Card Holder _____

Address of Card Holder _____ IN4 10/10