

Post-it® Notes

17-01-039



“Post-it®” is a trademark of 3M.

Restrictions: No bleeds, custom backsheets, copy changes, special packaging or diecuts.

Type Imprint Copy Below

Stock Logos				
Logo choices when ordering Designs 019 & 020. For 17-01 CUSTOM, indicate logo position on layout above.				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Post-it®
Notes Ship
In 10 Days!**

Typestyle	
<input type="checkbox"/> Block	<input type="checkbox"/> Times
<input type="checkbox"/> Block Bold	<input type="checkbox"/> Times Bold
<input type="checkbox"/> Script	<input type="checkbox"/> Old English
Note: If no typestyle is specified, we'll use BLOCK.	

Ink Color		
<input type="checkbox"/> Black	<input type="checkbox"/> Red	<input type="checkbox"/> Medium Blue

Paper Color		
<input type="checkbox"/> White	<input type="checkbox"/> Yellow	<input type="checkbox"/> Gray

Sold in Packs of 16 Pads	
3" x 4" x 50 Sheets	\$25.95 Per Pack of 16

Ordering Information		
QUANTITY	PRICE PER PACK	AMOUNT
	\$25.95	
Ground Shipping and Handling		\$5.95
Sub Total		
MI Residents add 6% Sales Tax		
TOTAL AMOUNT DUE		

Ship To: (We ship UPS, no Post Office Box please.)

Name _____
 Company _____
 Address _____
 City _____
 State _____ Zip _____ Phone (____) _____
 E-mail _____ Fax (____) _____

Please allow 2 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 _____

Print Name of Card Holder _____