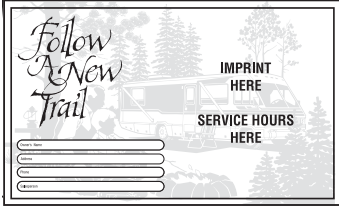


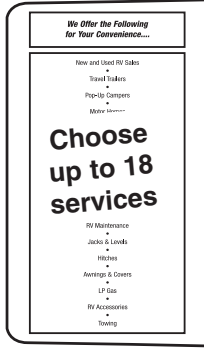
02-01-022



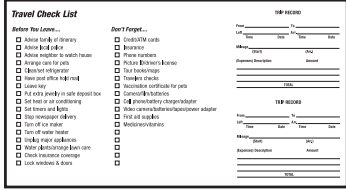
For faster service,
 Fax your order form to (586) 949-0813



FACE COPY



FLAP COPY



POCKET COPY

Prints with your choice of paper and ink color. Document Folder measures 6" x 9 7/8" closed.

SERVICES printed on flap - Check up to 18

- | | |
|--|---|
| <input type="checkbox"/> New and Used RV Sales | <input type="checkbox"/> Lights |
| <input type="checkbox"/> Travel Trailers | <input type="checkbox"/> RV Maintenance |
| <input type="checkbox"/> Pop-Up Campers | <input type="checkbox"/> Jacks & Levels |
| <input type="checkbox"/> Motor Homes | <input type="checkbox"/> Hitches |
| <input type="checkbox"/> Truck Campers | <input type="checkbox"/> Awnings & Covers |
| <input type="checkbox"/> Financing Available | <input type="checkbox"/> LP Gas |
| <input type="checkbox"/> Camping Equipment | <input type="checkbox"/> RV Accessories |
| <input type="checkbox"/> Housewares | <input type="checkbox"/> Towing |
| <input type="checkbox"/> Storage | |
| <input type="checkbox"/> Other _____ | |
| <input type="checkbox"/> Other _____ | |

(Or submit up to 18 custom services.)

LOGOS

- Check here if you have your own logo you wish printed.
 Please send clean black and white copy for reproduction.

PAPER COLORS				INK COLORS		

TYPE NAME FOR IMPRINT BELOW

TYPE SERVICE HOURS HERE

(Indicate if closed Saturday or Sunday)

From	to	Daily
From	to	Saturday
From	to	Sunday

PRICING

100	200	300	500	1000	2000	3000
\$ 141.00	202.00	243.00	317.00	477.00	807.00	1,122.00

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

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

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

Please allow 2 - 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 _____ RV8 3/10