

# Item 24-217

## Vinyl Policy Holder



**Size:** (Open) 9" x 9-1/2", (Closed) 4-1/2" x 9-1/2"

**Imprint Size:** 3-1/2" x 3-1/2"

**Imprint Location:** Standard is outside lower front cover printed horizontally when opened like a book.

**FREE!** Artwork Set-up.

We will gladly typeset or set-up your imprint copy for you. You may include black and white artwork of your logo. We will size your imprint to the maximum allowable area for the item(s) you are ordering. Imprint will be in the standard position for the item ordered.

A copy of your imprint will be faxed prior to production.

Fax #: ( ) \_\_\_\_\_

Attention: \_\_\_\_\_

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

Name \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

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

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

*Please allow 3 weeks for delivery.*



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

TYPE IMPRINT BELOW

### VINYL COLORS

Red            Black  
Navy          Royal Blue  
Green        Clear

### FOIL IMPRINT COLOR

Gold          White  
Silver        Black  
Blue          Green  
Red           Yellow  
Navy         Gray

### PRICING

| 250    | 500    | 1000   | 2500    |
|--------|--------|--------|---------|
| 200.00 | 400.00 | 800.00 | 2000.00 |

### SELECTIONS

| QUANTITY                             | VINYL COLOR | FOIL COLOR | PRICE         |
|--------------------------------------|-------------|------------|---------------|
|                                      |             |            |               |
| <b>MI Residents add 6% Sales Tax</b> |             |            |               |
| <b>Sub Total</b>                     |             |            |               |
| <b>Ground Shipping and Handling</b>  |             |            | <b>\$8.95</b> |
| <b>TOTAL AMOUNT DUE</b>              |             |            |               |

**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 \_\_\_\_\_ IN 5/11