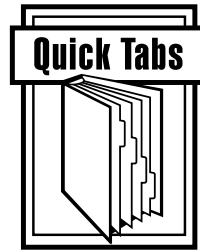


Bill To: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 C/S/Z: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**or** **PLACE YOUR BUSINESS CARD  
 HERE AND PHOTOCOPY.**



**Quick Tabs**  
 P.O. Box 30080  
 2718 Memorial Drive  
 Greenville, NC 27833-0080  
 1-800-326-3778  
 Fax 919-355-1994

Order Date: \_\_\_\_\_

Order Received Date/Time \_\_\_\_\_ Initial \_\_\_\_\_

Proof Faxed Date/Time \_\_\_\_\_ Initial \_\_\_\_\_

Proof OK'd Date/Time \_\_\_\_\_ Initial \_\_\_\_\_

**ORDER FORM MUST BE FILLED OUT COMPLETELY**

<b>Quantity:</b>	No. Sets	_____	Tabs per Set	_____	Total No. Tabs	_____
<b>Banks:</b>	Tabs per Bank	_____	Banks per Set	_____	Cut: 1/	_____
<b>Sheet Size:</b>	Binding edge	_____		With Tab Extension	Overall Size: _____	
<b>Tab Size:</b>	Extension	1/4	3/8	1/2	5/8	Inset 1/8 1/4 3/8 1/2 Other _____
<b>Paper:</b>	110# Index	•	90# Index	White	•	Ivory
	Wt.	Color:		Brand:		
<b>Printing:</b>	1 Side	•	2 Sides	•	Blank	
	Tab Prints in Reverse	•	Body Copy	•	Common Body Copy	
<b>Ink Color:</b>	Black	•	PMS # _____			
<b>Copy:</b>	Supplied Imposed	•	Impose	•	Set & Impose	Style: _____

Customer Contact \_\_\_\_\_

Critical Delivery  yes  no

Overs\* \_\_\_\_\_ Ship Date: \_\_\_\_\_  
 \*(±10% unless specified & agreed to by QuickTabs)

At Destination: \_\_\_\_\_

P.O.# \_\_\_\_\_ Time Needed: \_\_\_\_\_

Shipper \_\_\_\_\_

- Fed Ex
- Priority Overnight
- Pony Express
- Standard Overnight
- Our Truck
- XO (Economy)
- LTL \_\_\_\_\_
- 2nd Day
- UPS GT
- C.O.D.
- UPS 100 Weight
- Price \_\_\_\_\_
- Other
- C.O.D. Charge \_\_\_\_\_

Freight/Handle \_\_\_\_\_

Total Due \_\_\_\_\_

Prepaid By Check  Credit Card

Name \_\_\_\_\_

Card # \_\_\_\_\_

Invoice# \_\_\_\_\_ Expire Date \_\_\_\_\_

Ship To: \_\_\_\_\_

Street: \_\_\_\_\_

C/S/Z: \_\_\_\_\_

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

Other Information: \_\_\_\_\_

**Please Check Correct Format**

(Binding Edge)  Check Here

Flip Chart Style Reads Left to Right

8-1/2 x 11 + 1/2 Flip Chart Style

COPY

(Binding Edge)  Check Here

11 x 8-1/2 + 1/2 Flip Chart Style

**Please Check Copy Position**

Binding Edge  Check Here

11 x 8-1/2 + 1/2 Standard Style

COPY

<b>Tab Style:</b>	No Mylar	•	All Clear Mylar	•	Colored Mylar	No. of Colors _____	
<b>Bind Edge:</b>	Mylar Reinforce	•	Plain	•	Transfer Tape	_____	
<b>Punching:</b>	None	•	# Holes _____	Diameter _____	Centers _____		
<b>Collate:</b>	None	•	In Sets	<input type="checkbox"/> Straight	<input type="checkbox"/> Reverse	<input type="checkbox"/> Double Reverse	
<b>Packing:</b>	Bulk	•	Band	•	Shrink Wrap	•	Box
<b>Other:</b>	_____						