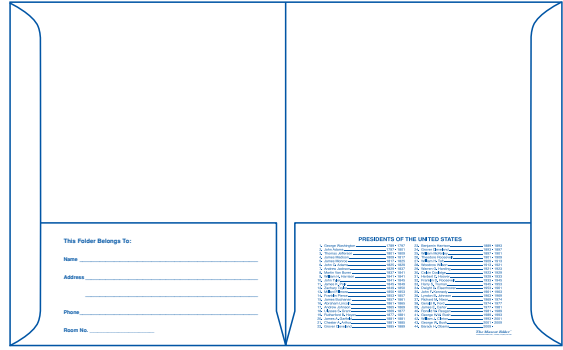


# ORDER FORM

## MASCOT FOLDER™

TO: EDGEWOOD PRESS, INC.  
 1130 N. Main Street  
 Orange, CA 92867  
 (800) 533-1236 FAX (714) 289-7010  
 www.SchoolFolderFactory.com



1. Quantity \_\_\_\_\_  Laminate (Additional cost, see price sheet)
2. Number of ink colors: \_\_\_\_\_ Ink Color 1 \_\_\_\_\_ Ink Color 2 \_\_\_\_\_  Full Color

**Folders using one ink color:** Unless you note otherwise, the color listed will be the **background color**, with the type and mascot in white.  
**Folders using two ink colors:** Please write "background" above the color you wish to use as the background, type and mascot will be in the other color.  
 Flaps will be printed in the darker color of the cover. **DO NOT COUNT WHITE AS A COLOR!**

3. Desired ship date: \_\_\_\_\_ See map for shipping transit time. (Please allow 45 days for production time during summer months; three weeks production time if not a summer order.)
4. Price \$ \_\_\_\_\_ (net freight or applicable sales tax will be added)

5. Copy for flaps:  Left = \_\_\_\_\_ **Remember... it costs nothing extra to utilize the flaps and the back cover!**  
 Right = \_\_\_\_\_  
 Blank Flaps  Other (enclosed)  E-Mailed  Uploaded to website

**Use stock flaps or design your own!**

6. Artwork (front)  Art/sketch enclosed  Art on enclosed disk  Same as last printing  
 E-mailed  Uploaded to website
7. Back Cover Copy or Artwork:  Stock Back Cover Letter \_\_\_\_\_  Duplicate Front Cover  
 Parent Signature & Comment Form  Solid Color on Back Cover  Blank Back Cover (white)  
 E-Mailed  Uploaded to Website  Other

8. **We wish to view a proof via e-mail (must respond within 24 hours).**  Yes  No

E-mail address: \_\_\_\_\_

Proofs are sent as an attachment. Please make sure e-mail can accept attachments.

School: \_\_\_\_\_

Organization:  PTA  P.T.O.  Home & School Assn.  Other \_\_\_\_\_

Ordered by: \_\_\_\_\_ Title: \_\_\_\_\_

School street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

School Phone ( \_\_\_\_\_ ) \_\_\_\_\_ School Fax ( \_\_\_\_\_ ) \_\_\_\_\_

Residence Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Personal e-mail \_\_\_\_\_

How did you hear about us?  Repeat Customer  Mailer  Trade Show  Professional/Personal Referral  Search Engine  Other \_\_\_\_\_

Purchase order number \_\_\_\_\_ enclosed

- OR -

Letter of authorization enclosed

- OR -

Payment is enclosed - freight (if any) to be billed following delivery

- OR -

Credit card -        

Person to contact for card details \_\_\_\_\_

Address associated with credit card: \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_

**NOTE:**

**We acknowledge all orders upon receipt - by phone, mail, e-mail or fax.**

03-09

Credit Card Number (Please do not leave spaces between numbers.)

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Card Expiration Date: 

--	--	--	--

MONTH YEAR

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Credit Card Customer Signature \_\_\_\_\_

Security Code (3 or 4 digits)