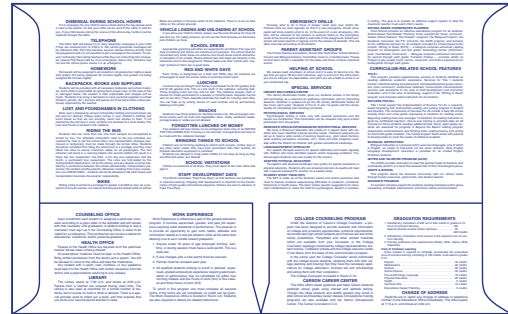


# ORDER FORM

## STUDENT HANDBOOK FOLDER™

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



Please enter our order for **Student Handbook Folders**, as follows:

1. Quantity \_\_\_\_\_  **Laminate** (Additional cost, see price sheet)
2. Number of ink colors on outside \_\_\_\_\_ Ink Color 1 \_\_\_\_\_ Ink Color 2 \_\_\_\_\_  **Full Color**  
 (the text matter printed above the flaps is printed in black ink; flaps are printed in the darker color of the outside cover)
3. Desired ship date: \_\_\_\_\_ **IMPORTANT:** See map for shipping transit time.  
 Orders placed between June 1 and September 1 require **45 days** production time (plus transit time). Contact Edgewood Press, Inc., for estimate of production time during remainder of year.
4. Cost: \$ \_\_\_\_\_ (net freight or applicable sales tax will be added)
5. Text Copy:  Typed copy enclosed  Disk & printouts enclosed  Same as last printing – no changes  
 E-mailed  Uploaded to website
6. Artwork (front):  Art/sketch enclosed  Art on enclosed disk  Same as last printing  
 E-mailed  Uploaded to website
7. You **must** review a proof before production.

Send Proofs to: \_\_\_\_\_  **By E-Mail**  **By Mail**

Address (if other than school)/E-Mail Address \_\_\_\_\_

\*Proofs must be returned within 48 hours of receipt to avoid delays in production; therefore, it is essential that the person designated not be on vacation or otherwise unavailable. Proofs are sent as an attachment. Please make sure e-mail address can accept attachments. 03-09

School \_\_\_\_\_

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

School Address \_\_\_\_\_

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

Telephone: School (\_\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_

FAX (\_\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

Residence (needed on summer orders) (\_\_\_\_\_) \_\_\_\_\_

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

### PURCHASER:

School  Student Body/ASB  Parent organization \_\_\_\_\_

District (P.O. required –  enclosed  in process) Dist. name \_\_\_\_\_

### PAYMENT METHOD:

– **OR** –  P.O.# \_\_\_\_\_ enclosed

– **OR** –  Payment enclosed (freight to be billed)

– **OR** –  Letter of authorization enclosed

– **OR** –  Credit card

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

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

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Address associated with credit card:

Card Expiration Date:   /    
 MONTH YEAR

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

Credit Card Customer Signature

Security Code (3 or 4 digits)

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