Designers' Fine PRESS PHONE 513.831.0523 FAX 513.831.0103

FAX _____ OF _____

Retailer Name	Salesperson	Retailer Phone Number	Retailer Email Address
Customer Name			Order Number (to be filled out by DFP):

please fill out one sheet for each product ordered

Item Number	Item Name	Quantity	Order Date	Request By Date

Copy: (Please provide your wording by line, checking capitalization, punctuation and spelling.)

	Typestyle	Ink Color
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Special Instructions: (Clarify any copy, layout, typestyle or ink color requests.)

_____

_____

_____

_____

Envelope Copy: (Arrange copy exactly as it should be printed.)

	Typestyle
_____	_____
_____	_____
_____	_____
_____	_____

Envelope Copy Ink Color:_____

Typestyles and Inks

- ☐ use the typestyle and ink exactly as on sample
- ☐ use the typestyle and ink as specified in the special instructions

Layout

- ☐ use the layout exactly as on sample
- ☐ use the layout as specified in the special instructions

Envelope Liner

- ☐ No envelope liner
- ☐ Ship lined envelopes

Liner:_____

Return Address Printing

- ☐ No return address printing
- ☐ Return address in letterpress (single color)

Other Services

- ☐ Photo printing and mounting
- ☐ Upgrade to 600gsm paper
- ☐ Other:_____

_____

Shipping*

- ☐ Ground Shipping
- ☐ 2 Day Shipping
- ☐ 1 Day Shipping

*shipping days are M-F