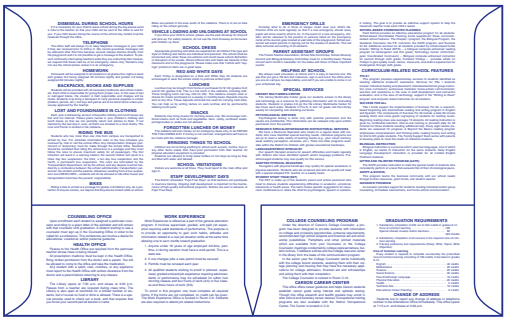
ORDER FORM

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 – ☐ Letter of authorization enclosed

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

– OR – ☐ Credit card ☐ MasterCard ☐ VISA ☐ American Express ☐ DISCOVER

Person to contact for card details

_____

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

Address associated with credit card:

_____

Card Expiration Date: MONTH YEAR

Phone (_____) _____

_____
Credit Card Customer Signature

Security Code (3 or 4 digits)