

PRODUCT ORDER FORM

DATE OF ORDER _____ CONTACT PERSON (internal use) _____

P. O. # (internal use) _____ SHIP TO: INTERNAL CUSTOMER

NEW ORDER:

REORDER:

REORDER with changes: (MAIL OR FAX A COPY OF THE FORM OR CHECK WITH CHANGES)

RUSH SERVICE checks only: (NO CUSTOM LOGOS - ADDITIONAL CHARGE - SEE BELOW)

CUSTOMER INFORMATION	
COMPANY NAME	
STREET ADDRESS (REQUIRED FOR UPS SHIPMENT)	
CITY, STATE, AND ZIP	
PHONE NUMBER (INCLUDE AREA CODE)	FAX NUMBER (INCLUDE AREA CODE)
SIGNATURE OF PURCHASER	EMAIL ADDRESS

**YOUR
CHECK
ORDER
FORM**

FOR INTERNAL USE ONLY

COMPANY NAME **Professional Document Systems, Inc.**

ADDRESS **P. O. Box 10604**

STREET ADDRESS (REQUIRED FOR UPS SHIPMENT) **40 So. River Road, Suite 53**

CITY, STATE, AND ZIP **Bedford, NH 03110** FAX NUMBER (INCLUDE AREA CODE) **(603) 606 - 4287**

PHONE NUMBER (INCLUDE AREA CODE) **(603) 606 - 4284** EMAIL ADDRESS _____

Special Instructions
(Attach additional sheet as necessary)

COMPUTER FORMS - Ordering Information LASER FORMAT CONTINUOUS FORMAT

Quantity	Product	Number of Parts	Color	Description	Software Name	Start Consecutive Numbering at: (if not specified, number will start at 1001)
	DLT104	- 1		LASER		# _____ OR <input type="checkbox"/> Do Not Number
						# _____ OR <input type="checkbox"/> Do Not Number
						# _____ OR <input type="checkbox"/> Do Not Number

IMPRINT INFORMATION

USE SAMPLE ENCLOSED USE CUSTOM LOGO PRINT AS SHOWN on Product Illustration _____ with wording shown below

COMPANY NAME _____

STREET ADDRESS (REQUIRED FOR UPS SHIPMENT) _____

CITY, STATE, AND ZIP _____

PHONE NUMBER (INCLUDE AREA CODE) _____ FAX NUMBER (INCLUDE AREA CODE) _____

SIGNATURE OF PURCHASER _____ EMAIL ADDRESS _____

**Business Design/
National Trademark**

FREE

For National Trademarks,
please enclose a black and white
camera ready sample.

Custom Logo
Allow Extra Delivery Time. Refer to the
ordering section of the Quality Business
Printing Catalog for important information.

The information on the next three lines is required only if a sample check is not enclosed.

Name of Bank _____

Routing Number _____

Account Number _____

For Checks: FREE

Additional Signature Line

Subheading Above Signature Line

Reverse numbering (Laser Checks Only)

Extra Lines of Type \$9.00/product. Specify wording in "Special Instructions".

Rush Service Checks Only \$15.00 plus overnight shipping cost.

PRICES

DLT104-1	500	1000	2000	4000	PRICES ARE SUBJECT TO CHANGE
	\$104.00	\$142.00	\$236.00	\$389.00	

Choices for (DLT104-1) are:
gray, tan, blue, green, maroon, purple or yellow
either parchment or herringbone