

Date Needed by	/:
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2025 Order Form PH:203-322-4277 email:michele.feldman@gmail.com

Date:0	Company/Dealer Name:	Customer's Last Name					
Address		City:		St	rate:Zip		
Phone#Fax# email: (must be provided)							
Payment: D	Bill Me (preapproved only) Bill my cr	Name on cc					
Billing Addr	ess:		State:	Zip	Exp. Date:		
Shipping Instructions: All Shipping Charges are Billed Accordingly Ship to Dealer OR OROP SHIP to address indicated below in Personalized Envelope Section via: OUPS Ground OD Day Air OD Day Air: OUPS Overnight Please check your order carefully for spelling, punctuation and capitalization.							
Quantity	Card Name	Separate Order Form for each o Card Number & Group		Sentiment (card# if different than sample)			
DPersonalizing Copy: 30 characters per line, except where noted on certain card selections. Flat cards (Group B, D F, E) type will be adjusted to fit cards. Email proof provided at n/c. Please be sure to provide an email address. Line 1: Line 2: Line 3:			□ Personalized Envelope Flaps: Ink color and typestyle will match card selection, except where noted on certain card selections. For those card selections, please select an ink color. If no ink color is selected, address will be printed in blue. □Red □Blue □Purple □Teal □Black □WHITE(ONLY)FREE self stick envelopes GROUP B and C □Drop Ship to address below: Line 1:				
You can pers additional chFor example	p C cards only: conalize the back of your card selection large. (See samples in catalog) le "This card was uniquely created"	ted for you					
• Line 1: • Line 2:	ers per line, 2 line max. s area is left blank, this option wi	•	address so that we can em you aren't sure how to set there!	tly shown on our web o: info@anothercreation. ail you a proof. Photos n up your photo, email us free to call or email us. V	(