

ORDER FORM

Envelopes

Tel:(416)588-0077

Fax:(416)538-0747

Viceroy Business Forms Inc.

A Division of VICEROY INTERNATIONAL FORMS

Sales Order#

Purch.Order #

Purch.Agent

Office use only: Emergency Rush Critical Normal Routine

1 Approved: Authorized Signature: _____ **SIGN & RETURN**

Date ordered:

Ship Target:

To arrive:

2 Please fill in: Software: _____ **Please fill in date required:** _____

Previous Order No. _____

New order Repeat order Exact With changes

Ref letter	Product Number	Description	Size		Windows	Qty	Base Amount
A	DE022	Statement envelope	3 7/8"	8 7/8"	2		
B	SE025	Payroll envelope	3 3/4"	8 3/4"	1		
C	DE026	Cheque envelope	3 3/4"	8 3/4"	2		
D	DE027	Invoice envelope	3 7/8"	8 7/8"	2		
E	DE028	Cheque envelope	3 7/8"	8 7/8"	2		
F							
G	Logo	Custom logo					

Shipping Instructions: Customer pickup Other
 Ship by Air courier Ship by Ground courier
Ship by Canada Post Priority Courier Xpresspost Regular Post
 Ship on Customer Account # via: _____

Shipping & handling

Subtotal

PST

GST

Total

3 Imprinted Information for envelopes:

Please send a sample, or print or type below the **Exact** information as you want it to appear

Window area: Customer Name & Address

Ink colour: blue green red black grey _____

For first time orders please make sure you are ordering the correct product. Contact our customer service.

The information will appear as you show it.

5 Shipping & Billing Information:

Contact: _____
 Phone: _____
 Fax: _____

Company name: _____
 Address: _____
 City/Prov.: _____ Postal Code: _____

Ship to: Company: _____
 Street address: _____
 City / Prov: _____

Mail invoice to: Billing address

6 Payment Terms: Mastercard or cheque with order. No COD orders. Credit available for approved accounts.

Please charge my Mastercard Visa Approved cheque Other

Name of cardholder _____ Card Number: _____ Exp.Date: _____