

TOTALS

Please send me _____ plain copies of UNameit at \$50.00 per 100 (50¢ each):

Please send me _____ imprinted copies of UNameit with my 2 line imprint on the **front cover** of the catalog for a total of \$95.00 per 100 (95¢ each):

Please fill in the information in the box below that will be imprinted. 2 lines total. (Suggestions: Business Name, phone/fax numbers, store hours, store website, "call for appointment")

Imprint Line 1: _____ 22 characters/spaces per line
Imprint Line 2: _____

Please send me _____ plain copies of Signature Style at \$40.00 per 100 (40¢ each):

Please send me _____ imprinted copies of Signature Style with my 2 line imprint on the **back cover** of the catalog for a total of \$85.00 per 100 (85¢ each):

Please fill in the information in the box below that will be imprinted. 2 lines total. (Suggestions: Business Name, phone/fax numbers, store hours, store website, "call for appointment")

Imprint Line 1: _____ 22 characters/spaces per line
Imprint Line 2: _____

Below you can order envelopes in which to mail the catalogs to your customers (catalogs can be mailed without envelopes, also):

Please send _____ imprinted envelopes for mailing catalogs, personalized as above, at \$18.00 per 100:

Imprint Line 1: _____ 22 characters/spaces per line
Imprint Line 2: _____

Please send _____ plain envelopes in which to mail the catalogs to your customers at \$6.00 per 100:

Please send _____ return address labels to use on the interior order form, for the mailing envelopes or for the back of the catalog at \$6.00 per 100. White labels with black ink only:

Imprint Line 1: _____ 20 characters/spaces per line
Imprint Line 2: _____
Imprint Line 3: _____
Imprint Line 4: _____

Please send me the UNameit CD containing a digital version of the items in the catalog at \$25:

Please send me the Signature Style CD containing a digital version of the items in the catalog at \$25:

Please note: Image CDs can only be acquired in conjunction with the purchase of supporting catalog.

GRAND TOTAL: _____

Ship to / Bill to:

Store Name: _____ Account #: _____

Contact: _____ e-mail: _____

Street: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Credit Card – Please fill out all information completely: Mastercard Visa American Express Discover

Card Number: _____ Exp. Date: _____

Signature: _____

Print name above, exactly as it appears on the credit card.

Credit Card Billing Address (if different from ship to above)

Street: _____

City: _____ State: _____ Zip: _____