



order form

Order Fax 877 413 7900
 Email artwork to
 artwork@foursistersprinting.com

ordered by

NAME _____

COMPANY _____

ADDRESS _____

ADDRESS CONT'D _____

CITY _____ STATE _____ ZIP _____

PHONE _____ FAX _____

EMAIL _____

ship to (if different)

NAME _____

COMPANY _____

ADDRESS _____

ADDRESS CONT'D _____

CITY _____ STATE _____ ZIP _____

PHONE _____

ship via Ground 3 Day Select 2 Day Air Next Day Air

SPECIFICATIONS

item being ordered flyers brochures **quote number** (if applicable) _____

size before folding (specify in inches) _____ sides to print 1 side 2 sides **bleed** on front on back

fold type: no folding tri-fold/letter fold Z fold half fold accordion fold gate fold double gate fold roll fold
 double parallel fold french fold

QUANTITY	COLORS	PROCESS (check all that apply)
<input type="radio"/> 1 set of _____	INK COLORS <i>skip if ordering full color</i>	<input type="radio"/> full color (CMYK) front & blank on back <input type="radio"/> full color (CMYK) front & black ink on back <input type="radio"/> full color (CMYK) front & back <input type="radio"/> raised printed <input type="radio"/> flat printed <input type="radio"/> foil stamped <input type="radio"/> blind embossed <input type="radio"/> foil embossed <input type="radio"/> engraved
<input type="radio"/> _____ sets of _____	<input type="radio"/> full color (cmyk) <input type="radio"/> black <input type="radio"/> pms _____ <input type="radio"/> pms _____ <input type="radio"/> pms _____ <input type="radio"/> other _____ <input type="radio"/> other _____	
<input type="radio"/> _____ sets of _____	AVAILABLE FOIL COLORS <input type="radio"/> black <input type="radio"/> red <input type="radio"/> gold <input type="radio"/> silver <input type="radio"/> green <input type="radio"/> dark blue <input type="radio"/> light blue <input type="radio"/> copper <input type="radio"/> burgundy	

PAPER & COATING

100lb gloss book w/UV coating 100lb gloss book w/Aqueous coating
 100lb gloss cover w/Aqueous coating other _____

write any special instructions in the box below

Artwork Info

Artwork will be emailed

Use artwork on file

Fax a copy of your artwork along with this order form. Clearly mark color separations if applicable.

Proof

(select one)

Email PDF proof to _____

Fax proof to _____

I do not need to see a proof

(Proof approval is required on complex and large jobs)

payment info and pricing

Base Price _____

Upcharges _____

Subtotal _____

Shipping _____

Total with Shipping _____

Applicable New York Sales Tax _____

only for orders that are being shipped to a New York address

GRAND TOTAL \$ _____

Method of Payment

Charge my:
(CIRCLE ONE)



Credit Card Number

Print name as it appears on card

Expiration Date

Security Number

Your Signature

Check/Money Order enclosed made payable to Four Sisters Printing.