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*Only Acrobat 8 or above user have Comments capabilities

SAFEGUARD BUSINESS STATIONERY DESIGN FORM

FAX #: 888-617-6201

DATE SENT ☐ NEW ☐ EXACT REPEAT ☐ REPEAT WITH CHANGE QUOTE #_____

SG ORDER NUMBER	LINE NO.	DIST. / ASSOC. NUMBER	QUANTITY	PRODUCT CODE	BASE / REF. PLATE #	PLATE #

LOGO INFORMATION ☐ ATTACHED ☐ TRANSMITTED ELECTRONICALLY ☐ LOGO FROM SG CUT BOOK_____ ☐ PREVIOUS PLATE #_____

PROOF REQUIRED? ☐ FAX_____ *Please include fax number* ☐ PDF_____ *Please include email address* ☐ PAPER ☐ COLOR

SELECT PRODUCT

BUSINESS CARD TYPE

- ☐ Standard Business Card
- ☐ Two-Sided Business Card
- ☐ Rotary File Card
  - ☐ Left ☐ Center ☐ Right
- ☐ Short Foldover Business Card
- ☐ Full Foldover Business Card

☐ ***LETTERHEAD***

☐ ***ENVELOPE***

☐ ***ANNOUNCEMENT****

Size:_____

☐ Single Panel ☐ Foldover Panel

SELECT INK AND METHOD

STANDARD INK *(PLEASE INDICATE INK COLOR)*

☐ _____	☐ FLAT PRINT	☐ THERMOGRAPHY
☐ _____	☐ FLAT PRINT	☐ THERMOGRAPHY
☐ _____	☐ FLAT PRINT	☐ THERMOGRAPHY
☐ _____	☐ FLAT PRINT	☐ THERMOGRAPHY

PMS INK *(PLEASE INDICATE INK COLOR)*

☐ _____	☐ FLAT PRINT	☐ THERMOGRAPHY
☐ _____	☐ FLAT PRINT	☐ THERMOGRAPHY
☐ _____	☐ FLAT PRINT	☐ THERMOGRAPHY
☐ _____	☐ FLAT PRINT	☐ THERMOGRAPHY

BACK PRINTING *(PLEASE INDICATE INK COLOR)* ☐ _____ ☐ FLAT PRINT ☐ THERMOGRAPHY

SELECT FOIL AND METHOD

STANDARD FOIL

☐ _____	☐ FOIL STAMP	☐ EMBOSSING
☐ _____	☐ FOIL STAMP	☐ EMBOSSING

☐ BLIND EMBOSSING *Foils may be used alone or in combination with thermography, flat printing or embossing*

SELECT STOCK ☐ STANDARD Color_____ Type_____ ☐ CUSTOM Color_____ Type_____

** IF IMPRINTED ENVELOPE REQUIRED, PLEASE SPECIFY RETURNING ADDRESS:* ☐ FRONT ☐ FLAP

LAYOUT

Line 1:

TYPESTYLE _____ POINT SIZE _____

- ☐ ALL CAPS
- ☐ Upper & Lower
- ☐ All Lower

Line 2:

TYPESTYLE _____ POINT SIZE _____

- ☐ ALL CAPS
- ☐ Upper & Lower
- ☐ All Lower

Remaining Lines:

TYPESTYLE _____ POINT SIZE _____

- ☐ ALL CAPS
- ☐ Upper & Lower
- ☐ All Lower

IF NO INDICATION, HELVETICA UPPER & LOWER WILL BE USED

☐ FLUSH LEFT ☐ CENTER ☐ FLUSH RIGHT ☐ FLUSH LEFT ☐ CENTER ☐ FLUSH RIGHT

IF NO INDICATION, FLUSH TO EACH CORNER WILL BE UTILIZED.

SCANNED OBJECTS CAN BE COPIED AND PASTED FROM ANY PAINT APPLICATION TO PLACE IN BOX

☐ FLUSH LEFT ☐ CENTER ☐ FLUSH RIGHT ☐ FLUSH LEFT ☐ CENTER ☐ FLUSH RIGHT

IF NO INDICATION, FLUSH TO EACH CORNER WILL BE UTILIZED.

SPECIAL INSTRUCTIONS

REV. 5/11

Reset Form

Submit Form

DSC803382