

CUSTOMER INFORMATION

Acct #	Reference	Distributor	Date
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BILL TO <input type="checkbox"/> NEW		SHIP TO <input type="checkbox"/> NEW	
Contact Name	Studio Name	Contact Name	Studio Name
Billing Address		Shipping Address	
City, State, Zip		City, State, Zip	
Tel.	Email	Tel.	Email

SIGNATURE REQUIRED AT TIME OF DELIVERY.
 Note: If box is not checked, order will be delivered without signature.

COVER SIZES	PAGE CAPACITY
Medium	<input type="checkbox"/> 10 pg / 20 sides <input type="checkbox"/> 15 pg / 30 sides <input type="checkbox"/> 20 pg / 40 sides
<input type="checkbox"/> 8X8 <input type="checkbox"/> 8X10 <input type="checkbox"/> 10X10	
Large	
<input type="checkbox"/> 11X14 <input type="checkbox"/> 12X12	

COVER MATERIALS & COLORS	PRINTING
Ventura NL <input type="checkbox"/> Black <input type="checkbox"/> Dist. Brown <input type="checkbox"/> Baby Blue <input type="checkbox"/> Red <input type="checkbox"/> Baby Pink <input type="checkbox"/> White	# of files: _____

COVER OPTIONS			
Cover Style	Imprinting		
Single Opening (Standard)	<input type="checkbox"/> Imprinting _____ _____	<input type="checkbox"/> Studio Imprinting _____	<input type="checkbox"/> Studio Die
	Color: <input type="checkbox"/> Gold <input type="checkbox"/> Silver <input type="checkbox"/> Blind Font: <input type="checkbox"/> Italics <input type="checkbox"/> Serif		

SPECIAL INSTRUCTIONS

Refer to the Price Guide 2010 for options, restrictions and pricing



PRICES			TOTAL
ALBUM	OPTIONS	DISCOUNT	
			\$

Acct #	<input type="checkbox"/> VISA <input type="checkbox"/> MASTER <input type="checkbox"/> AMEX <input type="checkbox"/> DISCOVER
Exp. Date Security Code	
Name	
Signature	

* Unless otherwise specified, the credit card on file will be charged

RENAISSANCE ALBUMS

21 Grace Church St, Port Chester, NY 10573 | Tel: 800-961-6710 | Fax: 914-939-8047 | www.renaissancealbums.com

