

# BCT ORDER FORM

STOCK	QUANTITY	PRINTER/DEALER INFORMATION	
		PRINTER/DEALER	
<b>ITEM</b>	<b>INK COLOR</b>	SALES CONTACT	
<input type="checkbox"/> BUSINESS CARD <input type="checkbox"/> FOLDING BUSINESS CARD <input type="checkbox"/> FULL FOLD <input type="checkbox"/> SHORT FOLD <input type="checkbox"/> LETTERHEADS <input type="checkbox"/> ENVELOPES <input type="checkbox"/> ANNOUNCEMENT <input type="checkbox"/> TEL-A-DEX CARD <input type="checkbox"/> DOOR HANG AD <input type="checkbox"/> OTHER	<input type="checkbox"/> BLACK <input type="checkbox"/> SILVER (877) <input type="checkbox"/> RED (185) <input type="checkbox"/> GREY (423) <input type="checkbox"/> REFLEX BLUE <input type="checkbox"/> GOLD (873) <input type="checkbox"/> PROCESS BLUE <input type="checkbox"/> GREEN (347) <input type="checkbox"/> BROWN (464) <input type="checkbox"/> TEAL (320) <input type="checkbox"/> BURGUNDY (201)	ADDRESS	
		CITY	
		PHONE	FAX
		P.O. #	QUOTE NUMBER
		ACCT. #	
<input type="checkbox"/> TWO SIDED		<input type="checkbox"/> <b>PROOF</b> <input type="checkbox"/> FAX <input type="checkbox"/> EMAIL	
<b>FINISH</b> FRONT: <input type="checkbox"/> RAISED <input type="checkbox"/> FLAT BACK: <input type="checkbox"/> RAISED <input type="checkbox"/> FLAT <small>(WILL BE RAISED IF NOT SPECIFIED)</small>	<b>PREMIUM INKS</b> <input type="checkbox"/> FOREST GREEN (357) <input type="checkbox"/> RHODAMINE RED <input type="checkbox"/> PANTONE ORANGE <input type="checkbox"/> PANTONE PURPLE <input type="checkbox"/> PANTONE YELLOW <input type="checkbox"/> PANTONE VIOLET  <input type="checkbox"/> PMS # _____  <input type="checkbox"/> PMS # _____		
<b>SPECIAL INSTRUCTIONS</b>			

INDICATE <u>MAINLINE</u> WITH ARROW	<ul style="list-style-type: none"> <li>Attach previously printed sample if possible and mark changes wanted.</li> <li>All copy is done in Helvetica unless otherwise specified. Mainline will be done in 12 pt. and body copy will be done in 8 pt.</li> </ul>	INDICATE COLOR

<b>NEW ORLEANS</b>  (504) 734-2203 (504) 734-2214 Fax (800) 668-3945 Toll Free print@bctnola.com www.bctnola.com	CUSTOMER APPROVAL  <hr/> SALESPERSON _____ DATE _____	<b>FOR BCT USE ONLY</b>
	DIGITAL ARTWORK : <input type="checkbox"/> EMAILED <input type="checkbox"/> DISK  <b>Filename:</b> _____	