

ORDER FORM

Envelopes

Tel:(416)588-0077
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Viceroy Business Forms Inc.
A Division of VICEROY INTERNATIONAL FORMS

	Sales Order#
	Purch.Order #
	Purch.Agent

Office use only: Emergency Rush Critical Normal Routine

1 Approved: Authorized Signature: _____ **SIGN & RETURN**

Date ordered:	
Ship Target:	
To arrive:	
Please fill in date required:	
Previous Order No.	

2 Please fill in: Software: _____ Please fill in date required: _____

New order Repeat order Exact With changes

Ref letter	Product Number	Description	Size		Windows	Qty	Base Amount
A	DE022	Statement envelope	3 7/8"	8 7/8"	2		
B	SE025	Payroll envelope	3 3/4"	8 3/4"	1		
C	DE026	Cheque envelope	3 3/4"	8 3/4"	2		
D	DE027	Invoice envelope	3 7/8"	8 7/8"	2		
E	DE028	Cheque envelope	3 7/8"	8 7/8"	2		
F							
G	Logo	Custom logo					

Shipping Instructions: Customer pickup Other
 Ship by Air courier Ship by Ground courier
Ship by Canada Post Priority Courier Xpresspost Regular Post
 Ship on Customer Account # via: _____

Shipping & handling	
Subtotal	
PST	
GST	
Total	

3 Imprinted Information for envelopes:

Please send a sample, or print or type below the **Exact** information as you want it to appear

Window area: Customer Name & Address

Ink colour: blue green red black grey _____

For first time orders please make sure you are ordering the correct product. Contact our customer service.

The information will appear as you show it.

5 Shipping & Billing Information:

Contact: _____
Phone: _____
Fax: _____

Company name: _____
Address: _____
City/Prov.: _____ Postal Code: _____

Ship to: Company: _____
Street address: _____
City / Prov: _____

Mail invoice to: Billing address

6 Payment Terms: Mastercard or cheque with order. No COD orders. Credit available for approved accounts.

Please charge my Mastercard Visa Approved cheque Other

Name of cardholder _____ Card Number: _____ Exp.Date: _____