



GOLDEN WAY BUSINESS FORMS

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REPORT COVER ORDER FORM

SOLD TO _____ SHIP TO _____

ADDRESS _____

CITY _____

PERSON TO CONTACT _____ PHONE NO. _____ FAX NO. _____

DATE	TERMS:	P.O. NUMBER	SHIP VIA UPS
QUANTITY	DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	STOCK (NON PRINTED) ITEMS SMALL WINDOW REPORT COVERS <input type="checkbox"/> WHITE REPORT COVERS, WITH CLIENT WINDOW <input type="checkbox"/> WHITE REPORT COVERS, NO WINDOW LARGE CENTER WINDOW REPORT COVERS <input type="checkbox"/> DOUBLE WINDOW <input type="checkbox"/> WHITE <input type="checkbox"/> BLUE TINT <input type="checkbox"/> GRAY TINT <input type="checkbox"/> GREEN TINT <input type="checkbox"/> BURGUNDY TINT CUSTOM PRINTED REPORT COVERS <input type="checkbox"/> REPEAT LAST ORDER <input type="checkbox"/> SMALL CLIENT WINDOW <input type="checkbox"/> NO WINDOW <input type="checkbox"/> LARGE CENTER WINDOW COVER TREATMENT <input type="checkbox"/> OPEN COVER (white background, type full color) <input type="checkbox"/> REVERSE COVER (color background, white type) <input type="checkbox"/> SCREENED BACKGROUND (shaded background, type full color) <input type="checkbox"/> PEBBLE BEACH BACKGROUND (shaded design background, type full color) INK COLOR TO BE USED: TYPESTYLE FOR IMPRINT (CIRCLE ONE): 1 2 3 4 5 6 7 8 IMPRINT (Type Firm Name and Address or Include Letterhead Sample):		

ORDERS SUBJECT TO SHIPPING CHARGES AND SALES TAX
ALLOW 3 WEEKS FOR PRINTING AND 1 WEEK FOR DELIVERY



My Card Number:

Exp. Date: _____

Signature: _____

Charge not valid unless signed.

Name of Card Holder: _____

Please Print