

CUSTOMER SUPPLIED STOCK FOR ENVELOPE CONVERTING

ORDER FORM Please complete with your envelope converting requirements.

Company Name: _____ Date: _____
 Address: _____
 Contact Name: _____ Phone: _____
 Email Address: _____ Fax: _____
 PO #: _____ Job #: _____
 Job Name: _____

▶ **Envelope Size:**

Please list dimensions & descriptions: _____
(i.e., #10 Diagonal Seam- 4-1/8 x 9-1/2 or 9 x 12 Open End Catalog)

▶ **ECS Die Number** *(For example, if you want a #9 Side Seam Square Flap, our die # is 0214-A)*

To get the ECS die number, please refer to our website. If you do not find one that matches your job, contact us and we will be happy to assist you. _____

▶ **Window Information:**

Regular:
Window: Poly (w/ poly patch) **Window Size:** _____
 OP (no poly patch) **Position From Left:** _____
Position From Bottom: _____

▶ **Quantity:** **Finished Quantity:** _____
Overrun: _____
Sample: _____

Please list multiple copy changes. *(Let us know if you have more than one copy change per run.)*

PRICE BREAKDOWN *(Please check our price pages and complete this section accordingly)*

Setup Charge \$ _____
 Price/1,000 \$ _____
 Letterpress Die Cut \$ _____
 Trim Cutting \$ _____
 Latex Self-Sealing Gum \$ _____
 Grain Wrong Setup Charge \$ _____
TOTAL \$ _____

Printed stock will arrive to ECS on _____ Will Call/Ship Date _____
MM/DD/YY MM/DD/YY

SHIPPING INSTRUCTIONS

