

ECS SUPPLIED STOCK FOR ENVELOPE MANUFACTURING

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 or description: *(i.e., #9 Diagonal Seam, 6 x 9 Booklet)*

▶ **Paper Stock:**

(Check One)

24 White Wove

Blue Inside Security Tint

▶ **Window Information:**

Regular:

Window: Poly (w/ poly patch)

OP (no poly patch)

Window Size: _____

Position From Left: _____

Position From Bottom: _____

▶ **Quantity:**

Finished Quantity: _____

Overrun: _____

Sample: _____

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

Special Tall Window Setup Charge \$ _____

Price/1,000 \$ _____

Latex Self-Sealing Gum \$ _____

TOTAL \$ _____

Will Call/Ship Date: _____

MM/DD/YY

SHIPPING INSTRUCTIONS _____

