

ENVELOPE REQUEST FORM

– Please Enclose a Sample –

Date: _____

INDEX	ORGN#	ACCOUNT#

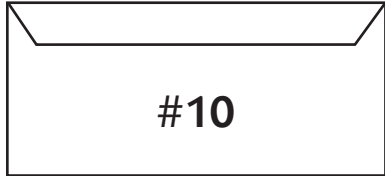
|

Organization Name

Contact Name	Extension

	Deliver to:	
Date envelopes are needed	Building	Room

Please check appropriate box:



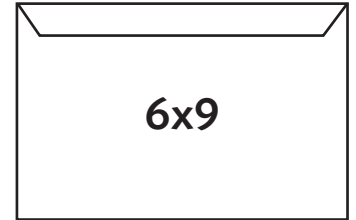
- Classic Crest White (letterhead)
- White Wove
- Window Envelope



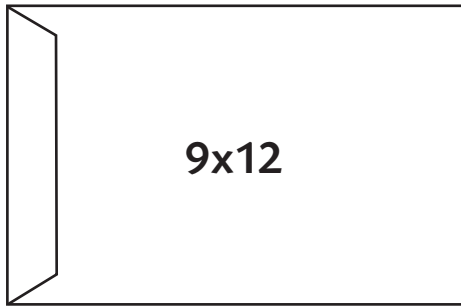
- White Wove



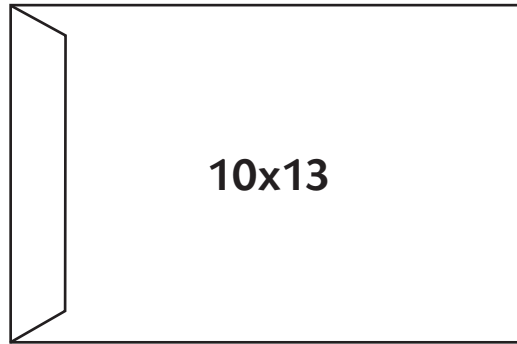
- White Regular



- White Booklet



- White Gummed
- Manilla Gummed
- White Peel and Seal



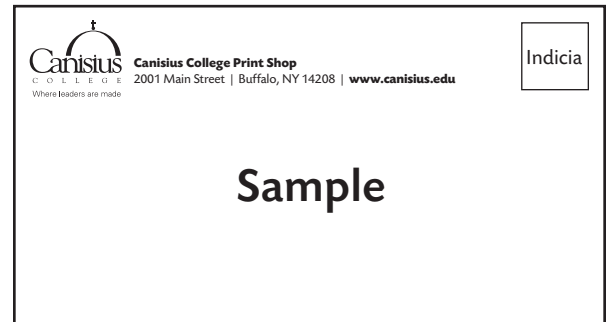
- White Gummed
- Manilla Gummed
- White Peel and Seal



Size Needed: _____

Number of Envelopes Needed: _____
(Minimum of 1000 envelopes per order)

- Black Ink
- Blue Ink
- 2 Color Ink
- Indicia – Postage Paid
- Return Services Requested – most frequently used
- Change Services Requested



Special Instructions: _____

If an envelope size is not listed, please inquire at Print Shop.