

Custom Titled Polyethylene Divider Sets FORM C (2-sided form)

Please check one:
 Quote only Order

Choose tab colors and titles that suit your needs. Standard imprint is one side. If you need both sides imprinted, let us know. Carefully read and complete the required information on both sides of this form.
Delivery is 7-10 days after receipt of completed form.

For Customized Divider Sets:

Choose White tab:
 With Die-Cut Without Die-Cut

Only white tab sheets can be ordered with or without die-cuts. Specify die-cut when ordering. We reserve the right to abbreviate and set type to fit tab.
Minimum order 25 sets. Customized Divider Set orders are not returnable.

Choose tab colors (check one per position):

Position #1 White* Beige Brown

Position #1 White* Beige Brown

Position #2 Turquoise Lime Purple

Position #2 Turquoise Lime Purple

Position #3 Yellow Pale Blue Hot Pink

Position #3 Yellow Pale Blue Hot Pink

Position #4 Green Mauve Apple Green

Position #4 Green Mauve Apple Green

Position #5 Red Lavender

Position #5 Red Lavender

Position #6 Gold Aqua

Position #6 Gold Aqua

Position #7 Orange Cool Gray

Position #7 Orange Cool Gray

Position #8 Blue Pale Green

Position #8 Blue Pale Green

Position #9 Gray Pale Orange

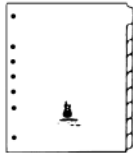
Position #9 Gray Pale Orange

Complete this form, then print and fax to 708-669-1559. Call 800-782-1524 for assistance.

Custom Titled Polyethylene Divider Sets FORM C (cont.)

Divider Styles (9 tabs are shown in position)

Check One:



Side-Opening
 Tabs along 11" side
 Cat. No. 1620-00



Top-Opening
 Tabs along 8½" bottom
 Cat. No. 1623-00

Standard Features

- 9 tabs
- Side or bottom tabs
- Collated into sets
- 7-hole side punch or 5-hole top punch
- 3 line maximum - 13 characters per line
- Tabs are printed on one side only (call for quote if both sides of tab need printing)
- **Minimum order of 25 sets**
- **Custom orders are not returnable**

Quantity (Minimum order 25 sets): _____

Quote Information: (If this is an order, complete billing and shipping information)		Today's Date _____
Facility Name _____		Account # _____
Your Name _____		Title _____
Address _____		
City _____	State _____	Zip _____
Phone () _____	Fax () _____	
Email _____		

Billing Information:		Today's Date _____
Your Name _____		Title _____
Facility _____		
Address _____		
City _____	State _____	Zip _____
Phone () _____	Fax () _____	
Purchase Order No. _____		
*Authorized Signature _____	Title _____	Date _____
*NOTE: Authorized Signature indicates all spelling and punctuation has been approved.		

Ship To: (if different than billing address above)		
Facility Name _____		
Address _____		
City _____	State _____	Zip _____
Phone () _____	Fax () _____	

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