

PENGAD'S INDIVIDUAL MAILING LABELS

Several styles to meet your mailing needs.

Personalization made easy.

1. Choose a label style.
2. Select a typestyle.
3. Select a logo. (optional)
4. Choose your imprint color.
5. Complete the Order Form.
6. Fax or mail the completed Order Form.

Pricing*


Peel & Stick Labels	Item Code	price per 1000 labels	
		1,000	2,000
4¼ x 2¾ Matte	ML-MPSA	\$85.00	\$80.00
4¼ x 3½ Matte	ML-MPSB	\$85.00	\$80.00
4¼ x 2¾ Glossy	ML-PSA	\$85.00	\$80.00
4¼ x 3½ Glossy	ML-PSB	\$85.00	\$80.00

*Prices above include your choice of typestyle, logo and printing in one of our standard ink colors: black, blue, green, red, burgundy or brown.

1


Choose a Label Style

Peel & Stick Label

	ARP Reporters 55 Oak Street Bayonne, NJ 07002
TO:	

- 4¼ x 2¾ with Peel & Stick backing.
- Requires no moistening.
- Please specify matte or glossy finish.

Peel & Stick Label

	GARVEY REPORTING SERVICE 27 West 70th Street Bayonne, NJ 07002
TO	

- 4¼ x 3½ with Peel & Stick backing.
- Requires no moistening.
- Please specify matte or glossy finish.



P.O. Box 99 • Bayonne, NJ 07002
1-800-631-6989 • Fax: 1-800-631-2329 •
sales@pengad.com • www.pengad.com

(Prices subject to change. Shipping charges not included)

2

Select a typestyle

STYLE A • Goudy Catalogue Italic

ABCDEFGHIJKLMNOPQRSTUVWXYZ
 abcdefghijklmnopqrstuvwxyz
 0123456789 &

STYLE D • Park Avenue (not available in all caps)

ABCDEFGHIJKLMNOPQRSTUVWXYZ
 abcdefghijklmnopqrstuvwxyz
 0123456789 &

STYLE G • ITC Garamond

ABCDEFGHIJKLMNOPQRSTUVWXYZ
 abcdefghijklmnopqrstuvwxyz
 0123456789 &

STYLE H • Helvetica

ABCDEFGHIJKLMNOPQRSTUVWXYZ
 abcdefghijklmnopqrstuvwxyz
 0123456789 &

STYLE L • Avant Garde

ABCDEFGHIJKLMNOPQRSTUVWXYZ
 abcdefghijklmnopqrstuvwxyz
 0123456789 &

STYLE M • URW-Antiqua Ultra

ABCDEFGHIJKLMNOPQRSTUVWXYZ
 abcdefghijklmnopqrstuvwxyz
 0123456789 &

STYLE O • Eurostile

ABCDEFGHIJKLMNOPQRSTUVWXYZ
 abcdefghijklmnopqrstuvwxyz
 0123456789 &

STYLE Q • FLARE GOTHIC

ABCDEFGHIJKLMNOPQRSTUVWXYZ
 abcdefghijklmnopqrstuvwxyz
 0123456789 &

STYLE S • Nueva Roman

ABCDEFGHIJKLMNOPQRSTUVWXYZ
 abcdefghijklmnopqrstuvwxyz
 0123456789 &

STYLE U • Novarese ITC

ABCDEFGHIJKLMNOPQRSTUVWXYZ
 abcdefghijklmnopqrstuvwxyz
 0123456789 &

STYLE R • Zaph Chancery

ABCDEFGHIJKLMNOPQRSTUVWXYZ
 abcdefghijklmnopqrstuvwxyz
 0123456789 &

STYLE W • University Roman

ABCDEFGHIJKLMNOPQRSTUVWXYZ
 abcdefghijklmnopqrstuvwxyz
 0123456789 &

STYLE X • Bernhard Modern

ABCDEFGHIJKLMNOPQRSTUVWXYZ
 abcdefghijklmnopqrstuvwxyz
 0123456789 &

STYLE Y • Optimum






















ABCDEFGHIJKLMNOPQRSTUVWXYZ
 abcdefghijklmnopqrstuvwxyz
 0123456789 &

STYLE Z • Times New Roman

ABCDEFGHIJKLMNOPQRSTUVWXYZ
 abcdefghijklmnopqrstuvwxyz
 0123456789 &

3

Select a logo (optional)

 SC-NSV	 SC-1	 SC-RMR	 SC-RPR	 SC-2	 SC-7	 SC-12
 SC-16	 SC-26	 SC-28	 SC-31	 SC-32	 SC-34	 SC-36
 SC-40	 SC-41	 SC-42	 SC-43	 SC-44	 SC-45	 SC-46

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4

Choose your imprint color*



Black



Blue - PMS 286



Green - PMS 341



Red - PMS 199



Burgundy - PMS 209



Brown - PMS 470

*Your monitor may affect how ink colors are displayed. The printed ink color may vary from colors shown on your screen. Call for actual ink color samples.



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Complete the Order Form

INDIVIDUAL MAILING LABELS

QUANTITY:	PRODUCT	PRICE
_____	<input type="checkbox"/> Peel & Stick 4¼ x 2¾ Matte Finish <input type="checkbox"/> Peel & Stick 4¼ x 2¾ Glossy Finish <input type="checkbox"/> Peel & Stick 4¼ x 3½ Matte Finish <input type="checkbox"/> Peel & Stick 4¼ x 3½ Glossy Finish	
TYPESTYLE	OPTIONAL LOGO	IMPRINT COLOR (S)
_____	LOGO: <input type="checkbox"/> SC-_____ <input type="checkbox"/> None <input type="checkbox"/> Custom ((black and white artwork required)) LOGO POSITION: <input type="checkbox"/> Left of imprint <input type="checkbox"/> Right of imprint	<input type="checkbox"/> Blue <input type="checkbox"/> Black <input type="checkbox"/> Red <input type="checkbox"/> Green <input type="checkbox"/> Brown <input type="checkbox"/> Burgundy

IMPRINT INFORMATION

1

2

3

4

 Yes. Fax a black and white proof . Fax Number: _____

 No. I do not need a proof.

E-mail a proof. E-mail address: _____

NAME:

ADDRESS:

PHONE #:

NAME:

ADDRESS:

(No P.O. Boxes)

FAX: #:

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Fax or mail the completed Order Form

Pengad

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NEW CUSTOMER:

 CHARGE MY ORDER to my credit card. I have filled in the required information.

EXISTING CUSTOMER: ACCOUNT #: _____

 BILL ME for the full amount of my purchase

 CHARGE MY ORDER to my credit card. I have filled in the required information.

GOVERNMENT AGENCY: P.O. #: _____

 I am placing this order to be billed to the government agency as listed above.
CHARGE MY: MasterCard Visa American Express Discover Card
 CHARGE THIS ORDER CHARGE ALL FUTURE ORDERS
Expiration Date
Required

Signature: _____

(REQUIRED IF USING CREDIT CARD)