

PENGAD'S CUSTOM EXHIBIT LABELS

Personalization made easy.

1. Select a label type.
2. Select a label color.
3. Select a format.
4. Complete Order Form.
5. Fax or mail the completed Order Form.

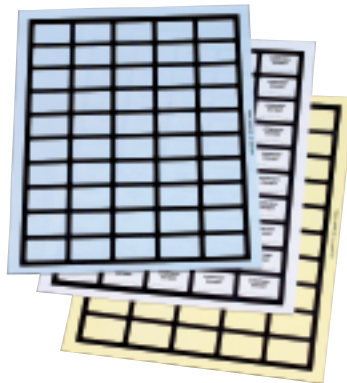


1 Select A Label Type

A. Laser Printer Sheets

Perfect for all printers. Print as many or as few as you would like. Use our free label template or use your own word processing software to create your label design.

- Available in 5 label colors.
- One label color per pack.
- 50 labels per sheet.
- Label size: 1½" x 1 inch.



Personalized (1000 labels per pack)

- Pastel Blue CX-XLLB
- Dark Blue CX-XLDB
- White CX-XLLW
- Pastel Yellow CX-XLLY
- Dark Yellow CX-XLDY

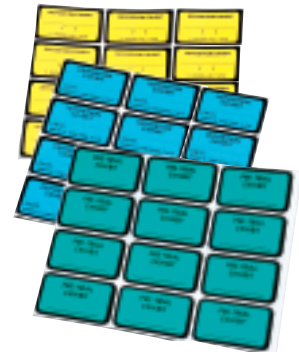
<i>price per pack</i>			
1	2	5	10
\$53.33	\$40.00	\$34.66	\$29.33

B. Standard Custom Label

You determine what the label will say.

- Your imprint up to 4 lines of type.
- Printed in black ink.
- 12 Labels to a Sheet
- 1008 labels per pack.
- Label size: 7/8" x 1½".
- Available in 11 label colors.

- Blue CX-BL
- Light Blue CX-LB
- Green CX-GR
- Light Green CX-LG
- White CX-WH
- Red CX-RD
- Yellow CX-YW
- Light Yellow CX-LY
- Light Orange CX-LO
- Fluorescent Orange CX-FO
- Fluorescent Pink CX-FP



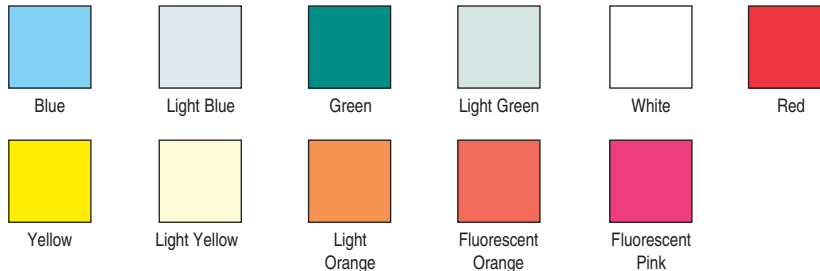
<i>price per pack</i>			
1	2	5	10
\$53.33	\$40.00	\$34.66	\$29.33

2 Select a Label Color

Laser Sheets:



Standard Sheets:



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)

3

Select a Format

EXHIBIT _____

WIT: _____

DATE: _____

KATHLEEN POTTER

Format A

EXHIBIT NO. _____

FOR IDENTIFICATION

DATE: _____ RPTR: _____

Format B

PLF/DEF _____

EXHIBIT _____

DATE _____ RPTR _____

Wheeler Court Reporting

Format C

Design Your Own Layout
up to 4 lines of type.

4

Complete Order Form

CUSTOM EXHIBIT LABEL ORDER FORM

QTY	UNIT PRICE	LABEL TYPE	LABEL COLOR	FORMAT
		<input type="checkbox"/> Laser Sheets Personalized <input type="checkbox"/> Standard Custom Label	Laser Sheets: <input type="checkbox"/> Dark Blue <input type="checkbox"/> Pastel Blue <input type="checkbox"/> Dark Yellow <input type="checkbox"/> Pastel Yellow <input type="checkbox"/> White Standard Sheets: <input type="checkbox"/> Blue <input type="checkbox"/> Light Blue <input type="checkbox"/> Green <input type="checkbox"/> Light Green <input type="checkbox"/> White <input type="checkbox"/> Red <input type="checkbox"/> Yellow <input type="checkbox"/> Light Yellow <input type="checkbox"/> Light Orange <input type="checkbox"/> Flsnt. Orange <input type="checkbox"/> Flsnt. Pink	<input type="checkbox"/> Format A <input type="checkbox"/> Format B <input type="checkbox"/> Format C <input type="checkbox"/> See Below

IMPRINT INFORMATION

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

 No. I do not need a proof.

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

BILL TO:

SHIP TO:

NAME:

NAME:

ADDRESS:

ADDRESS:

(No P.O. Boxes)

PHONE #:

FAX: #:

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Fax or mail the completed Order Form

Pengad

Fax: 1-800-631-2329

P.O. Box 99 • Bayonne, NJ 07002

1-800-631-6989

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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

<input type="checkbox"/> CHARGE THIS ORDER	<input type="checkbox"/> CHARGE ALL FUTURE ORDERS
Expiration Date Required	_____

Signature: _____

(REQUIRED IF USING CREDIT CARD)