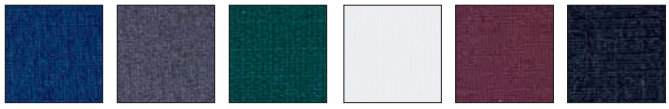
PENGAD POCKET FOLDERS

Personalization made easy

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

Pocket folder for letter-size papers: 9-3/8" x 11-1/2"

1 Choose a material color



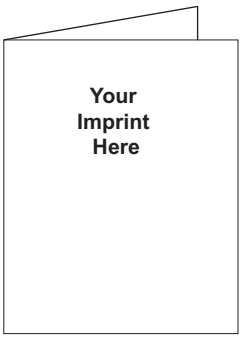
Blue Linen | Gray Linen | Green Linen | White Linen | Burgundy Linen | Black Linen

Pricing (price each)

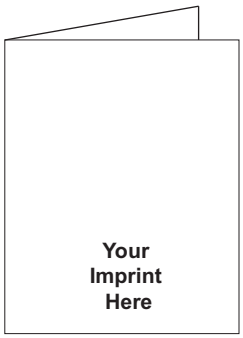
	50	100	250	500	1,000
Letter-Size Linen	$2.65	$2.30	$1.60	$1.45	$1.30

A setup charge of $55.00 applies to all new or revised personalized orders.

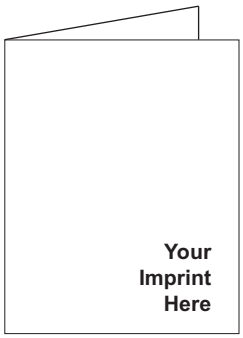
2 Select a format



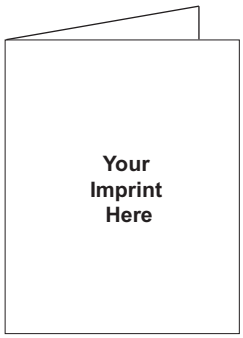
Format 1



Format 2



Format 3



Format 4

Custom Format

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)

Pengad Inc.

3 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 &

4 Select a logo (optional)

 SC-NSV	 SC-1	 SC-RMR	 SC-RPR	 SC-2	 SC-7	 SC-12
 SC-16	 SC-17	 SC-28	 SC-31	 SC-32	 SC-34	 SC-36
 SC-40	 SC-41	 SC-42	 SC-43	 SC-44	 SC-45	 SC-46

5 Choose your imprint color*

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

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6 Complete the Order Form

POCKET FOLDERS

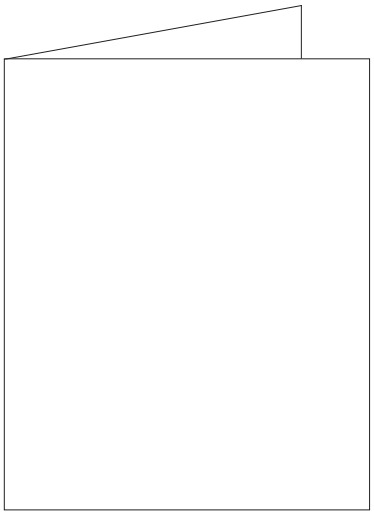
Quantity	Material & Color
_____	Linen: ☐ Blue Linen ☐ Gray Linen ☐ Green Linen ☐ White Linen ☐ Burgundy Linen ☐ Black Linen

Format	Typestyle	Logo (optional)
☐ Format 1 ☐ Format 3 ☐ Format 2 ☐ Format 4 ☐ Custom - sample attached	_____	Logo: ☐ SC: _____ ☐ Custom ☐ None Logo Position: ☐ Left of text ☐ Right of text ☐ Above text ☐ Below text

Imprint Color

☐ Black Foil ☐ Silver Foil ☐ Green Foil ☐ Gold Foil ☐ Burgundy Foil ☐ Red Foil ☐ White Foil ☐ Blue Foil

Imprint (Please type or print legibly)



Line 1

Line 2

Line 3

Line 4

Special instructions (you may also use the diagram at left to indicate placement)

☐ Yes. Fax/e-mail a black and white proof. _____ ☐ No. I do not need a proof..

BILL TO:	SHIP TO:
NAME:	NAME:
ADDRESS:	ADDRESS:
	(No P.O. Boxes)
PHONE #: FAX: #:	

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

Security Code: _____

Signature: _____
(REQUIRED IF USING CREDIT CARD)

7 Fax or mail the completed Order Form

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