

PENGAD POCKET FOLDERS

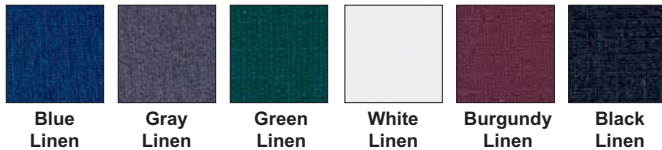
Personalization made easy

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

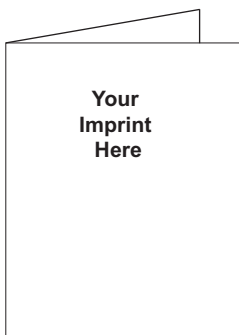


Pricing

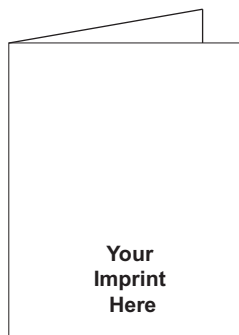
	price each				
	<u>50</u>	<u>100</u>	<u>250</u>	<u>500</u>	<u>1,000</u>
Letter-Size Linen	\$2.65	\$2.30	\$1.60	\$1.45	\$1.30

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

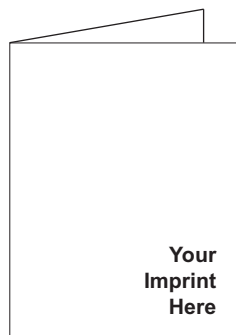
2 Select a format



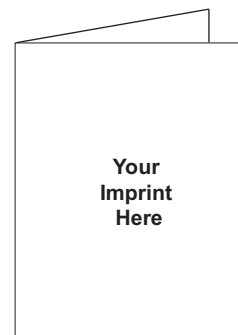
Format 1



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)



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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

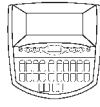
ABCDEFGHIJKLMNOPQRSTUVWXYZ
 abcdefghijklmnopqrstuvwxyz
 0123456789 &

STYLE Z • Times New Roman

ABCDEFGHIJKLMNOPQRSTUVWXYZ
 abcdefghijklmnopqrstuvwxyz
 0123456789 &

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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

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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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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: #:

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Fax or mail the completed Order Form

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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

Security Code: _____

Expiration Date
Required

Signature: _____

(REQUIRED IF USING CREDIT CARD)