

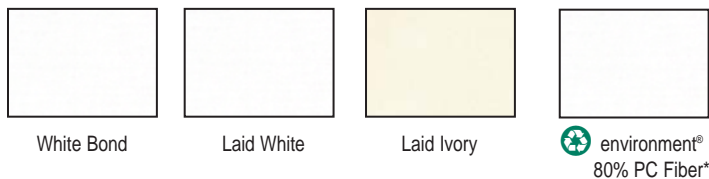
PENGAD'S FLAT PRINTED STATIONERY

Perfect for your professional and personal correspondence.

Personalization made easy.

1. Choose a paper.
2. Select a style or design your own.
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.

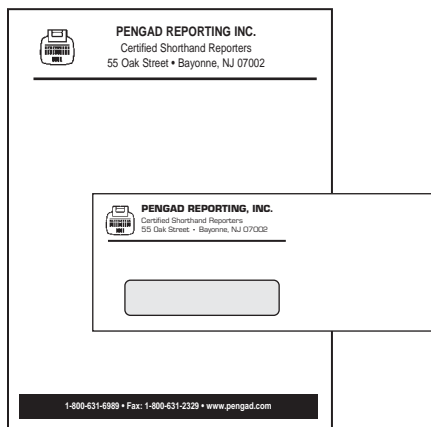
1 Choose Paper



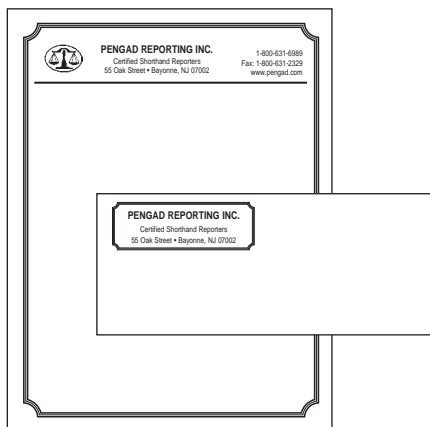
*Post Consumer (PC) Fiber: Paper that has reached its intended end-user and then discarded. The paper recovered from curbside collections is considered to be post-consumer. The environment® ultra bright white paper is 80% PC.

2 Select a style or design your own

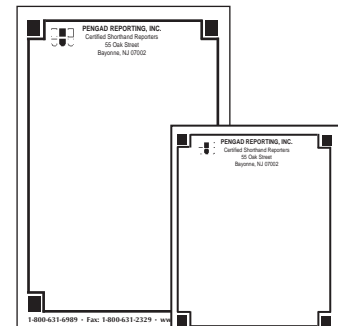
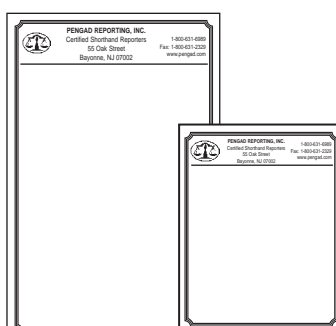
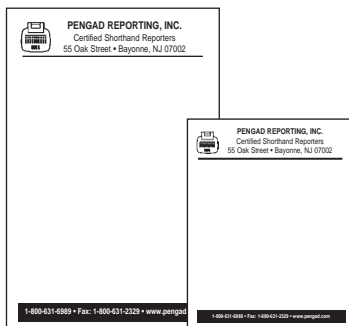
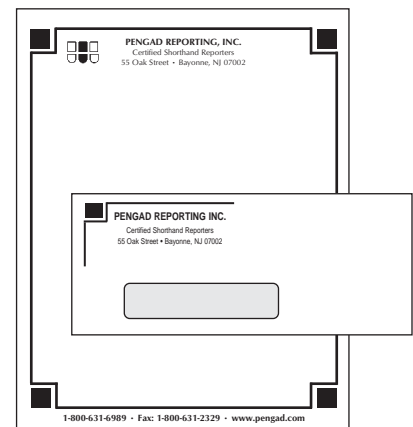
Style 1



Style 2



Style 3



Pricing*

Letterhead	Item Code	price per lot	
		500	1000
White 20 Lb. Bond	FS-LAE	\$45.00	\$60.00
Laid	FS-LAC	70.00	100.00
environment®	FS-LPC	126.00	193.00
#10 Regular Envelope			
24 Lb. White Wove	FS-EAA	60.00	80.00
Laid	FS-EAC	90.00	130.00
environment®	FS-EPC	150.00	220.00
#10 Window Envelope			
24 Lb. White Wove	FS-EBA	65.00	90.00
Laid	FS-EWC	95.00	140.00
price per pad (50 sheets per pad)			
Memo Pads - 5-1/2" x 8-1/2"		50	100*
White 20 Lb. Bond	FS-MPX8	1.25	.99
Laid	FS-MPL8	1.95	1.60
Memo Pads - 4-1/4" x 5-1/2"			
White 20 Lb. Bond	FS-MPX4	.90	.70
Laid	FS-MPL4	1.05	.89

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



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Select a typestyle

STYLE A • Goudy Catalogue Italic

ABCDEFGHIJKLMNOPQRSTUVWXYZ
 abcdefghijklmnopqrstuvwxyz
 0123456789 &

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

ABCDEFGHIJKLMN OPQRSTUVWXYZ
 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

ABCDEFGHIJKLMN OPQRSTUVWXYZ
 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

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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.



P.O. Box 99 • Bayonne, NJ 07002
 1-800-631-6989 • Fax: 1-800-631-2329 • www.pengad.com
 (Prices subject to change. Shipping charges not included)

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Complete the Order Form

LETTERHEAD & MEMO PADS

QUANTITY:	PRODUCT	PAPER STOCK	PRICE PER LOT/PAD	STYLE	TYPESTYLE
	<input type="checkbox"/> Flat Printed Letterhead <input type="checkbox"/> 5-1/2" x 8-1/2" Memo Pad <input type="checkbox"/> 4-1/4" x 5-1/2" Memo Pad	<input type="checkbox"/> White Bond <input type="checkbox"/> Laid White <input type="checkbox"/> Laid Ivory <input type="checkbox"/> environment® (Letterhead Only)		<input type="checkbox"/> Style 1 <input type="checkbox"/> Style 2 <input type="checkbox"/> Style 3 <input type="checkbox"/> Other	<input type="checkbox"/> _____
OPTIONAL LOGO			IMPRINT COLOR (S)		
LOGO: <input type="checkbox"/> SC- _____ <input type="checkbox"/> Custom <input type="checkbox"/> None LOGO POSITION: _____			<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					

Yes. Fax a black and white proof . Fax Number: _____
 E-mail a proof. E-mail address: _____

No. I do not need a proof.

ENVELOPES

QUANTITY	PRODUCT	PAPER STOCK	PRICE PER LOT	STYLE	TYPESTYLE
	<input type="checkbox"/> #10 Regular <input type="checkbox"/> #10 Window	<input type="checkbox"/> 24 lb. White Wove <input type="checkbox"/> Laid White <input type="checkbox"/> Laid Ivory <input type="checkbox"/> environment® (#10 Regular Only)		<input type="checkbox"/> Style 1 <input type="checkbox"/> Style 2 <input type="checkbox"/> Style 3 <input type="checkbox"/> Other	<input type="checkbox"/> _____
OPTIONAL LOGO			IMPRINT COLOR (S)		
LOGO: <input type="checkbox"/> SC- _____ <input type="checkbox"/> Custom <input type="checkbox"/> None LOGO POSITION: _____			<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					

Yes. Fax a black and white proof . Fax Number: _____
 E-mail a proof. E-mail address: _____

No. I do not need a proof.

BILL TO: NAME: _____ ADDRESS: _____ _____ _____ PHONE #: _____ FAX #: _____	SHIP TO: NAME: _____ ADDRESS: _____ _____ _____ (No P.O. Boxes)
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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 • www.pengad.com

sales@pengad.com

(Prices subject to change. Shipping charges not included)

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

	Expiration Date Required
<input type="checkbox"/> CHARGE THIS ORDER <input type="checkbox"/> CHARGE ALL FUTURE ORDERS	<input style="width: 30px; height: 15px;" type="text"/> / <input style="width: 30px; height: 15px;" type="text"/>

Signature: _____

(REQUIRED IF USING CREDIT CARD)