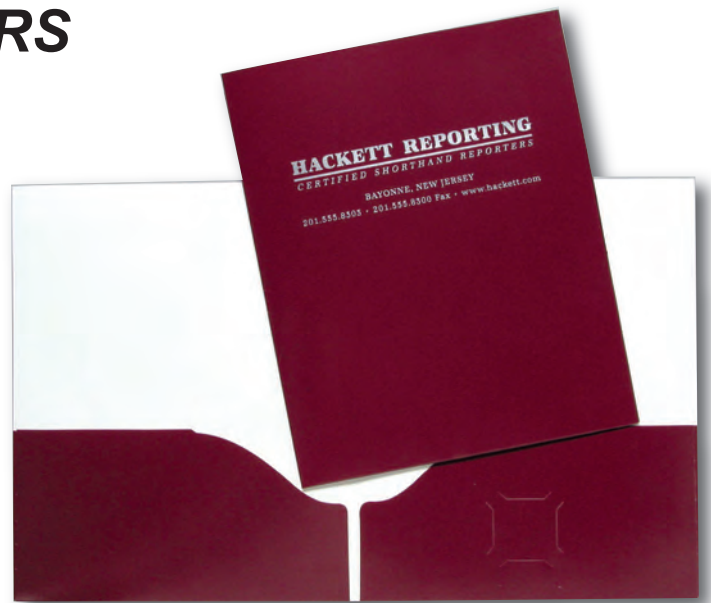


PENGAD POCKET FOLDERS

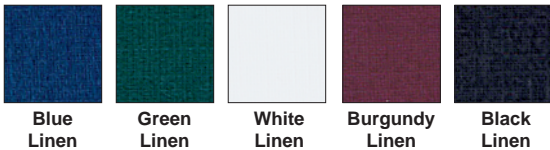
Personalization made easy

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

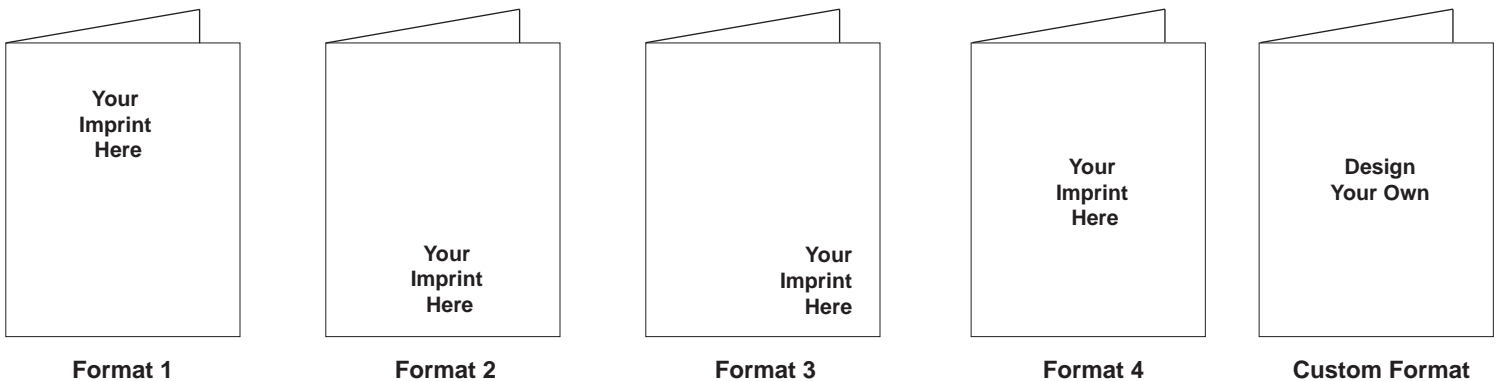


Pricing

	price each				
	<u>50</u>	<u>100</u>	<u>250</u>	<u>500</u>	<u>1,000</u>
Letter-Size Linen	\$4.25	\$3.75	\$2.95	\$2.75	\$2.59

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

2 Select a 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 and sales tax are not included in prices.)

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

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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.



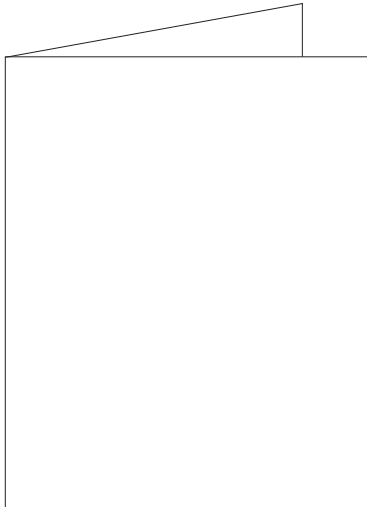
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6

Complete the Order Form

POCKET FOLDERS

Quantity	Unit Price	Die Charge	Total	Material & Color
_____	_____	Applicable on all new or revised orders \$55.00	_____	Linen: <input type="checkbox"/> Blue Linen <input type="checkbox"/> Green Linen <input type="checkbox"/> White Linen <input type="checkbox"/> Burgundy Linen <input type="checkbox"/> Black Linen
Format		Typestyle	Logo (optional)	
<input type="checkbox"/> Format 1	<input type="checkbox"/> Format 3	_____	Logo: <input type="checkbox"/> SC: _____ <input type="checkbox"/> None <input type="checkbox"/> Custom Logo - email the digital file to sales@pengad.com	
<input type="checkbox"/> Format 2	<input type="checkbox"/> Format 4		Logo Position: <input type="checkbox"/> Left of text <input type="checkbox"/> Right of text <input type="checkbox"/> Above text <input type="checkbox"/> Below text	
<input type="checkbox"/> Custom - sample attached				
Imprint Color				
<input type="checkbox"/> Black Foil <input type="checkbox"/> Silver Foil <input type="checkbox"/> Green Foil <input type="checkbox"/> Gold Foil <input type="checkbox"/> Burgundy Foil <input type="checkbox"/> Red Foil <input type="checkbox"/> White Foil <input type="checkbox"/> 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 #:	

7

Fax or mail the completed Order Form

Pengad
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sales@pengad.com

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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)