



ORDER FORM

Name: _____ Event & Date: _____

Address: _____

City/State/Zipcode: _____

Phone number: _____ Email: _____

SECTION 1: BASIC PRINTING

Ink Color (colored ink is an additional 10%): _____ Typestyle _____

Quantity

Inner and Outer Set _____ @ \$0.99 _____

Outer Envelopes Only _____ @ \$0.75 _____

Inner Envelopes Only _____ @ \$0.40 _____

Outer Envelope Return Address (2 lines)* _____ @ \$0.30 _____

Response Envelope Address (3 lines)* _____ @ \$0.30 _____

*List Return/Response Address to be printed: _____

SUBTOTAL SECTION 1: _____

Colored Ink (10% of the above subtotal): _____

SECTION 2: ADDITIONAL PRODUCTS

Standard Placecard Printing 1 side _____ @ \$0.70 _____

Standard Placecard Printing 2 sides _____ @ \$0.85 _____

Non-standard Placecard/Escort Env. Printing 1 side _____ @ \$0.85 _____

Non-standard Placecard/Escort Env. Printing 2 sides _____ @ \$1.00 _____

Map Setup Fee _____ @ \$75.00 _____

Map copies _____ @ \$0.40 _____

Digital PDF File _____ @ \$15.00 _____

Guest Checklist (w/envelope order) _____ @ \$10.00 _____

Rush Fee (if applicable): \$25.00 _____

SUBTOTAL SECTION 2: _____

SECTION 3: RETURN SHIPPING OPTIONS

Ground Shipping: \$10.00 _____

Insurance (optional, though recommended) Add \$1.50 per \$50.00 of insurance _____

SUBTOTAL SECTION 3: _____

Grand Total Due: _____

SECTION 5: BILLING INFORMATION

Payment Method: Visa Mastercard Discover Check/Money Order

Credit Card #: _____

Expiration Date: _____

Security Code: _____ (3-digit number on the back of your card.)

Credit Card Billing Information: (if different from mailing address above)

Name: _____

Address: _____

City, State, Zip: _____

I authorize Letter Perfect Designs to charge the above credit card for services rendered.

Your Signature: _____ **Date:** _____

Return this completed form to us, along with your product, guestlist* and payment to:

Letter Perfect Designs
715 Hunters Way
Fox River Grove, IL 60021

*Lists can be emailed to us at info@letterperfectdesigns.com, or you may also include a disk or CD with your order.

PLEASE NOTE: We require at least 10% overage in product for changes, additions and printer errors.

For example: If you are having 100 envelopes printed, please send at least 10 extra. Any unused envelopes, minus 5 for possible changes later, will be returned.

How did you hear about us? _____