Tel: 01285 659797 **Email: sales@letterpress.co.uk** **Fax: 01285 643143**

PERSONAL STATIONERY ORDER TO THE LETTER PRESS

Name _____

Invoice Address _____

_____

_____

Contact tel: _____

Delivery Address _____
(if different from invoice address) _____

_____

_____

_____

(Deliveries are made on Monday-Friday 9am-5pm and a signature will be required)

Contact tel: _____
(Must be supplied for courier)

Service required: Normal ☐ Express ☐

Layout Proof required: Yes ☐ No ☐

Proofs to: Invoice Address ☐ Delivery Address ☐ Fax ☐ Email ☐

Fax no: _____ Email address: _____

Please note: (1) Any cancellation of or amendment requiring a further proof is subject to an additional charge (2) Delivery times from approval of proof

Order for: *Please tick the appropriate box. Please use a separate page for each item ordered.*

Writing paper ☐	Visiting / Business cards ☐	Birth Announcements ☐
Correspondence cards ☐	Compliment slips ☐	Gift Stationery ☐
Overprinted envelopes ☐	Invitations ☐	Change of Address ☐

Border (Ref .....)
Style (Ref .....)
Motif (Ref .....)
or Customer's own artwork ☐

Paper or card type	Size of paper or card	Typeface no. *or* Die style no.	Layout for writing paper	Ink colour Foil colour	Orientation *(please specify)* Landscape ☐ Portrait ☐
Number of sets: *or* Quantity:	Blank Sheets *(quantity)*	Envelopes for writing paper or postcards Size Quantity Lining colour *(if applicable)* Tissue / Paper		Printing type *(please specify)* Flat ☐ Raised ☐ Letterpressed ☐ Die stamped ☐ Foil Printed ☐	

Envelopes are supplied automatically with Change of Address Cards, Gift Stationery, Birth Announcements and Invitations

For postcards please indicate if a line is required *(one box must be ticked)* **whole way across** ☐ **to edge of type** ☐ **non-bleeding** ☐ **no line** ☐

Wording: Please write clearly below and carefully check that the punctuation is as you wish to see it printed

Payment details: ***please calculate the total for your order, including extras such as proofs and ink colours, and make payment by cheque to "The Letter Press" or alternatively pay by credit/debit card as per details below:***

Card Number ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ Expiry Date ☐☐ ☐☐

Switch ☐☐☐☐☐☐ ☐☐☐☐☐☐☐☐☐☐☐☐ Issue No. *(Switch only)* ☐☐

Cardholder name & initials (as on card): Security code: ☐☐☐ Total to be charged:

..... £.....

I have read and checked the above and approve it for proofing/printing

Special instructions:

(Please sign) _____