



Customized 6-Year Label (BLUE) Order Form

Free shipping on pre-paid orders! (excludes COD orders and orders shipping outside of the continental U.S.)

Please allow two weeks to receive your labels from the time we receive your order.

①

(SHIPPING INFO)

Company Name _____

Main Contact _____

Shipping Address _____
(no P.O. boxes please)

City _____ State _____ Zip/Postal _____

Telephone _____ Fax _____

Email _____

(6-YEAR LABEL / PRINTING INFO)

NAFED member company?

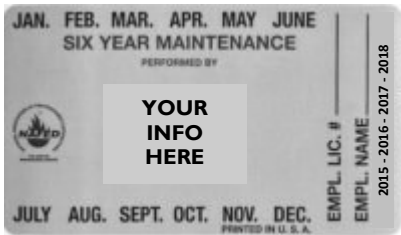
yes

no

- 1) Check one:
- A) New order—I've never ordered customized 6-Year Labels from NAFED before. **(plate charge incurred)**
 - B) I've ordered customized 6-Year Labels from NAFED before, but I need to make a change. **(plate charge incurred)**
 - C) I've ordered customized 6-Year Labels from NAFED before, and I want them to be exactly the same as last time.

2) Special Instructions _____

②



(picture not accurate for size)

Place current label here OR type or handwrite CLEARLY what you want to appear on your new label. (4 LINES MAXIMUM)

③

Total Quantity Ordered: _____

Internal Use Only

Date rec'd:

Batch date:

Proof needed?

Y

N

Deferred

Spreadsheet

If you have questions, please contact NAFED at (312) 461-9600. Prices subject to change at any time without notice.



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Company Name _____

Custom 6-Year Labels (BLUE)	Total Quantity Ordered	Member Price (U.S. Dollars) Per Thousand	Non-Member Price (U.S. Dollars) Per Thousand	Total Price
2,000–4,000		\$96.70	\$109	
5,000–9,000		\$93.20	\$104.95	
10,000+		\$91.25	\$101.80	
New or Revised Plate Charge Must add if: 1) first-time NAFED order, OR 2) copy changes are being made to your previous order (i.e. name change, address change)			\$20 per plate	
Set-Up Charge (All orders)			\$15 per order	\$15
Handling Charge				\$10.95
Subtotal				
Illinois companies only—add sales tax (10.25% of Subtotal)				
Orders shipping outside of the continental U.S.—add shipping fee (10% of Subtotal)				

Total: \$

Payment Method

CHECK ENCLOSED COD (not available outside of continental U.S.)
(payable to NAFED)

VISA MASTERCARD AMEX

ACCOUNT NUMBER

SIGNATURE

NAME ON CARD

EXPIRATION DATE

Please FAX or MAIL orders to:

NAFED
 180 N. Wabash Ave., Ste. 401
 Chicago, IL 60601
 Tel (312) 461-9600
 Fax (312) 461-0777
 www.nafed.org

All orders require pre-payment unless COD. (COD not available outside of the continental U.S.)

If you have questions, please contact NAFED at (312) 461-9600. Prices subject to change at any time without notice.