NNU ENVELOPE ORDER INSTRUCTIONS

ORDER FOR DEPARTMENT/OFFICE: _____

CONTACT PERSON: _____

CONTACT EMAIL: _____

CONTACT PHONE: _____

DELIVER TO (BUILDING NAME): _____

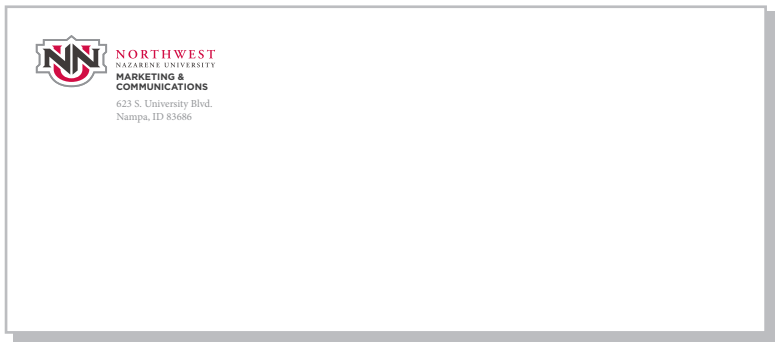
ATTENTION (RECEIVER'S NAME): _____

INDICATE QUANTITY OF ENVELOPES (MIN OF 500) FOR EACH SIZE & STYLE NEEDED:

REGULAR SIZE #10:	_____	CATALOG (10X13):	_____
REGULAR #10 WINDOW:	_____	A-7 BOOKLET (5 X 7):	_____
#11:	_____	BOOKLET (6 X9):	_____
#11 WINDOW:	_____	QBRE #9 (POSTAGE PAID):	_____
CATALOG 9.5 X 12.5):	_____	#9 RETURN (DEPT. INFO):	_____
CATALOG (9X12):	_____	A-2 INVITATION :	_____

Complete the form, save to your computer and send via email to Greg Perry at GPerry@allied-envelope.com. Your order will be delivered to your office and the invoice will come to you by email.

Questions? Call 208.440.2896.



The name of the Department/Office that is entered on line 1 will appear in the return address.