



**Date:**    /    /    **Time:**    :    :

<b>Your Name:</b>	<b>Phone Number:</b> (      )      Ext.	<b>Fax number:</b> (      )
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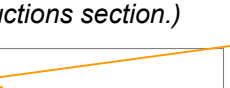
<b>Billing Information:</b> Agency No.: _____ Index: _____ PCA: _____	<b>Delivery Date: <i>Normal is within 10 days of receiving order.</i></b> <input type="checkbox"/> Rush = within 6 days, \$50 additional	<b>Previous Job No.</b> <i>(for this envelope):</i> _____
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<b>Shipping Address &amp; Contact:</b>	<b>Billing Address:</b>	<b>Quantity:</b>  <hr/> <i>(Minimum order: 1,000. Letter sizes packed 500 per box, 2,500 per case)</i>
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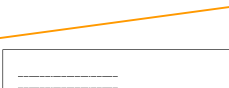
<b>Envelope Size:</b> (#9, #10, 6x9", etc.) <i>Do not use item number here</i>	<b>Envelope Type:</b> <input type="checkbox"/> Regular <input type="checkbox"/> Window <input type="checkbox"/> With Security Tint (#10 only)	<b>Envelope Color:</b> <input type="checkbox"/> White <input type="checkbox"/> Manila (not avail. on business sizes)
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<b>Ink Color:</b> <input type="checkbox"/> Blue 287 (for outgoing envelopes) <input type="checkbox"/> Black (for reply envelopes)	<b>Type of Seal:</b> <input type="checkbox"/> Moisten-to-seal (gum seal) <input type="checkbox"/> Latex self-seal (9.5 x 12.5" only)
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**Envelope format:** (Check only one. Request other formats in the Special Instructions section.)




☐ Standard Outgoing



☐ Metered Reply



☐ Business Reply



☐ Courtesy Reply

**Address to be printed:** (Office, section or unit name followed by two address lines) Check here to use address from last printing: ☐

**Department of Human Services**

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**Business Reply Permit:**

Permit #: \_\_\_\_\_

Permit city: \_\_\_\_\_

Zip + 4: \_\_\_\_\_

Special instructions, envelope format or other comments:

Send additional typed pages if needed

**Return this order form . . . By fax to:** (503) 373-7078 (Salem phone number)

**Questions? Call (503) 373-0148** (Salem phone number)