



# Binder Order Form

Make copies of this form for later use.

Today's Date \_\_\_\_\_

### INVOICE INFORMATION:

INVOICE TO \_\_\_\_\_

BUYER \_\_\_\_\_ PO# \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

### SHIPPING INFORMATION:

SHIP TO \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

SHIP UNDER ORDER # \_\_\_\_\_ VIA \_\_\_\_\_

REQUESTED SHIP DATE \_\_\_\_\_

BINDER DESCRIPTION	
Material:	<input type="checkbox"/> Vinyl _____ Color _____ Type _____ Upgrade _____
	<input type="checkbox"/> Poly Color _____ Gauge: <input type="checkbox"/> .023 <input type="checkbox"/> .035 <input type="checkbox"/> .055 <input type="checkbox"/> .075
Imprint:	<input type="checkbox"/> Screen Printed _____ # of Colors _____ Ink Color _____
	<input type="checkbox"/> Foil Stamped Foil Color _____
Sheet Size:	<input type="checkbox"/> 8½" x 11" <input type="checkbox"/> 5½" x 8½"      Other: _____
Ring Size:	<input type="checkbox"/> ½" <input type="checkbox"/> ¾" <input type="checkbox"/> 1" <input type="checkbox"/> 1½" <input type="checkbox"/> 2" <input type="checkbox"/> 2½" <input type="checkbox"/> 3" <input type="checkbox"/> +3"
Ring Style:	<input type="checkbox"/> Round <input type="checkbox"/> Oval <input type="checkbox"/> D-Ring <input type="checkbox"/> D-slant
Pocket:	<input type="checkbox"/> Front <input type="checkbox"/> Front & Back <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical
Clear Overlay:	<input type="checkbox"/> Front <input type="checkbox"/> Front & Spine <input type="checkbox"/> Complete
Lifters:	<input type="checkbox"/> 45# <input type="checkbox"/> 75#      Style: _____      Color: _____
Rivets:	<input type="checkbox"/> Concealed <input type="checkbox"/> Exposed
Additional Features:	<input type="checkbox"/> Label holder <input type="checkbox"/> Business Card
Delivery:	<input type="checkbox"/> Local Delivery <input type="checkbox"/> Ship <input type="checkbox"/> Pick-up
Date Required:	<input type="checkbox"/> 4 weeks <input type="checkbox"/> Less than 4 weeks
Quantity:	_____

Fax or mail to:

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