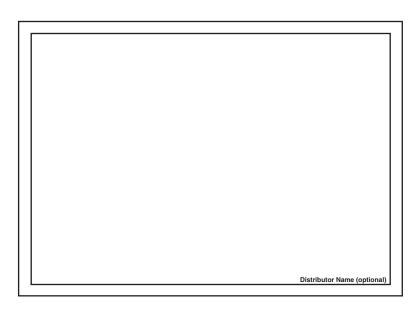
## Ad Tissue Order Form

1		This order form may be co	opied for your use
P.O. No.	Distributor		Ship To
Date	Phone Contact Signature	Fax	

Please write copy in boxed areas below and indicate desired font, or attach electronic artwork.

Templates below are not actual size.

2



3					
Quantity	Number of Colors	Unit Price	Total		
Freight					
Tax (or resa	le#)				
		Total Cost:			

## 4

Credit Card Type

Acct. No.

**Expiration** Date

Signature

