ÉDITIONS SAVOIE & SAVOIE

DATE :	**PURCHASE ORDER**	**Order n° :**

NAME OF COMPANY AND INFORMATION

Company :
Buyer :
Address :
City :
Province : Postal code :
Telephone : ( )
Fax : ( )

DELIVERY ADDRESS (IF DIFFERENT)

Company :
In care of :
Address :
City :
Province : Postal code :
Telephone : ( )
Fax : ( )

TECHNICAL DATA

☐ NO TEXT PRINTED ☐ YOUR OWN TEXT ☐ SEE ATTACHED ☐ TEXT TO FOLLOW

PLEASE CIRCLE THE LETTERS CORREPONDING TO YOUR CHOICES OF WISHES + TYPES

Choice of wishes : **A B C D E F G H I J K L**

☐ French ☐ English ☐ Bilingual ☐ Multilingual

Choice of types : **A B C D E F G H I J K L**

Number of colors : ☐ 1 color ☐ 2 colors ☐ 3 colors

Quantity of printing colors : ☐ Black ☐ Red ☐ Blue ☐ Green ☐ PMS color n° : # #

: # #

Printing of company's logo : ☐ NO ☐ YES

Printing of envelopes : ☐ NO ☐ YES, Quantity : _____ ☐ Flap ☐ Front

NOTE : SEE OUR 12 DIFFERENT AVAILABLE GREETINGS WITH 12 DIFFERENT TYPES ON OUR WEB SITE. MAKE YOUR CHOICE OF GREETINGS AND PAIR IT WITH YOUR CHOICE OF TYPE.

DETAIL OF THIS ORDER AND PRICES

TITLE	QUANTITY	PRICE
MINIMUM OF 100 CARDS PER PURCHASE **MINIMUM OF 50 CARDS PER TITLE CHOSEN**		
_____	_____	$_____
_____	_____	$_____
_____	_____	$_____
_____	_____	$_____
_____	_____	$_____
_____	_____	$_____
_____	_____	$_____
_____	_____	$_____
_____	_____	$_____
QUANTITY OF CARDS AND PRICE	_____	$_____
PRINTING OF ENVELOPES	_____	$_____
	TOTAL BEFORE TAXES	$_____
	TVP + TVQ (15.025%)	$_____
	TOTAL DUE	$_____

PURCHASE AUTHORIZED BY :

_____

SIGNATURE :

FOUNDATION OF YOUR CHOICE TO RECEIVE THE DONATION RELATED TO YOUR PURCHASE OF XMASS CARDS :

NAME _____

PLEASE SEND YOUR PURCHASE ORDER EITHER BY MAIL OR BY FAX AT :

FAX : (450) 616-1545

OR AT :

ÉDITIONS SAVOIE & SAVOIE
1310, des Pluviers, Longueuil (Qc) J4G 2N4
Telephone: (450) 651-5888
Website : **www.dufortsavoie.com**