ITEM COPY

CUSTOMER'S NAME:

Marcan Advertising, Inc.

P.O. Box 2100, Cleona, PA 17042 Phone: 717-270-6929 Fax: 717-921-7084 email: artdept@marcanadvertising.com www.marcanadvertising.com

DATE:	
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Print a copy of this blank form. Then provide relevant information accurately. If you need help email artdept@marcaadvertising.com or telephone 717-270-6929 ext 3. FAX or email this completed form and any attached sheets to us. Our FAX number is 717-921-7084. If you are sending material that includes colored art work, logos, and photos, it must be original copies and MUST BE EMAILED or sent US Mail. Our art department creates all materials we print. We will design, write and edit your item. You will receive a proof for your approval.

NAME OF ITEM:					
DESCRIPTION OF ITEM					
TEM NUMBER:		_ SIZE OF IT	EM SI2	ZE OF IMPRI	NT:
TEM COLORS: #1	#2	#3 <u></u>	_ FULL COLOR		
MPRINT COLORS: #1	#2	#3 _	FULL C	olor	
MPRINT:					
RT WORK:					
_ LOGO(S) PRODU(_ NATURE FAMILY		AUTO	CUSTOMERS _	_ COUPLE	_ HOMEOWNERS
REDIT CARDS ACCEP					
ISAMCDISA	МЕХОТН	IER			