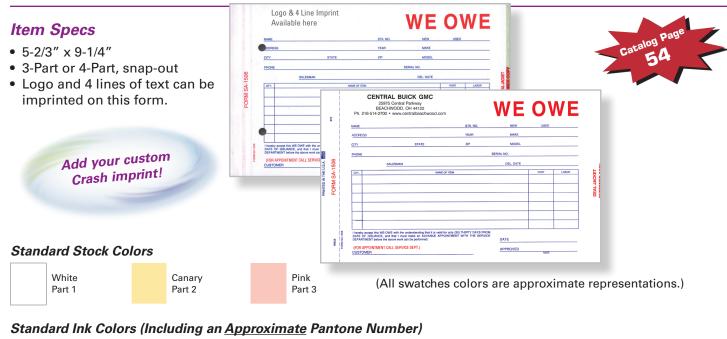
We Owe Form





Adobe Swatch Exchange Files for Stock & Ink Colors are available

Art Requirements

Item #870-IMP is a 3-Part form and Item #871-IMP is a 4-Part form.

This form can be imprinted with a logo and up to 4 lines of text at the imprinted price. Imprint area is approximately 3-1/2" wide x 1/2" tall. (JULIE AND PATTI PLEASE CONFIRM THIS)

Additional information can be around imprinted on the form at an additional charge (hady printing

Additional information can be crashed imprinted on the form at an additional charge (body printing). This form can be numbered in red ink. Customer must supply the numbering sequence. Numbering is available at an additional charge.

Additional Information

Stock Color: White (Part 1), Canary (Part 2) & Pink (Part 3)	Standard Ink Colors: Black, Blue, Red, Green	Non-Standard Ink Colors: NA
Proof Charge: Up to 3 Free	Plate Charge: Yes	Body Printing: Yes (Addl. Charge)
Screens & Gradients: NA	PMS Match: NA	Bleed: NA

Production Notes (For Internal Use)			
Production: 085			
Crash Imprint			
InDesign file created using pre-set template.			



0.75" STUB

SA-1506-

CUSTOMER

PHONE SERIAL NO.

> **SALESMAN** DEL. DATE

QTY.	NAME OF ITEM	PART	LABOR
7			
1			

(FOR APPOINTMENT CALL SERVICE DEPT.)

DEPARTMENT before the above work can be performed.

DATE

APPROVED

MGR.

DEAL JACKET

#871 - WE OWE (FORM #SA-1506-4) - 9.125" x 5.6667" - WHITE PART

I hereby accept this WE-OWE with the understanding that it is valid for only (30) THIRTY DAYS FROM DATE OF ISSUANCE, and that I must make an ADVANCE APPOINTMENT WITH THE SERVICE



! #871 - WE OWE (FORM #SA-1506-4) - 9.25" x 5.6667" - CANARY PART



NAME

S	I hereby accept this WE-OWE with the understanding that it is valid for only (30) THIRTY DAYS FROM DATE OF ISSUANCE, and that I must make an ADVANCE APPOINTMENT WITH THE SERVICE DEPARTMENT before the above work can be performed.
FORM	(FOR APPOINTMENT CALL SERVICE DEPT.) CUSTOMER
ı 1 #871 -	WE OWE (FORM #SA-1506-4) - 9.25" x 5.6667" - PINK PART

WE OWE NFW USED

ADDRESS		YEAR	MAKE	
CITY	STATE	ZIP	MODEL	
PHONE			SERIAL NO.	

STK NO.

SALESMAN DEL. DATE

QTY.	NAME OF ITEM	PART	LABOR
)			
)	QTY. NAME OF ITEM	QTY. NAME OF ITEM PART

DATE

APPROVED

MGR.

OFFICE COPY



0.75" STUB

- - - - -ITEM #871

- - - - - - - FORM SA-1506-4

WE	O	WE
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SERVICE DEPT. COPY

NAME		STK. NO.	NEW	USED	
ADDRE	ESS	YEAR	MAKE		
CITY	STATE	ZIP	MODEL		
PHONE			SERIAL NO.		
	SALESMAN		DEL. DATE		
QTY.	NAME OF ITEM			PART	LABOR
\Box					
1					
DATE O	accept this WE-OWE with the understanding that it is valid for only (30 IF ISSUANCE, and that I must make an ADVANCE APPOINTMEN IMENT before the above work can be performed.				
(FOR A	PPOINTMENT CALL SERVICE DEPT.) MER		APPROVED	MCP	
			MGR.		