



CUSTOM AUTOGRAPH BOOKS

PO#: _____ Date _____

Ordered By: Contact: _____ Company: _____ Address: _____ City: _____ State: _____ Zip: _____	Ship To: Contact: _____ Company: _____ Address: _____ City: _____ State: _____ Zip: _____
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Ship Date: _____ Grad Date: _____ (please allow 4-6 weeks for production)	Special Delivery Instructions:
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COVER MAKE UP

Quantity _____ Zipper: Yes No

Color _____

STAMPING

Select one or Both: Seal/Logo Lettering on Cover (use lines provided below) or: Blank (no stamping)

Foil Color: _____
 Gold Silver _____

*If using Seal/Logo, please include artwork

Notes or instructions: