

**DEALER INFO**

COMPANY \_\_\_\_\_

ACCT NO. \_\_\_\_\_ CONTACT \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

RO. # \_\_\_\_\_



2727 GIRARD BLVD NE  
ALBUQUERQUE, NM 87107

**SPOT COLOR  
ORDER FORM**

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LAYOUT SPECIFICATIONS	TYPESTYLES
REORDER # _____	MAINLINE _____
BCT LOGO(S) _____	BODY COPY _____

**DIGITAL ARTWORK**

B&W CAMERA-READY FOR SCAN FILENAME / FTP FOLDER \_\_\_\_\_

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E-MAILED to orders@bctnewmexico.com

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PROOFING OPTIONS	FOIL STAMPING & EMBOSHING
<input type="checkbox"/> <b>PROOF</b> <input type="checkbox"/> Black & White <input type="checkbox"/> Color <input type="checkbox"/> Fax Copy <input type="checkbox"/> Deliver Copy <input type="checkbox"/> E-Mail PDF to: _____	<input type="checkbox"/> <b>FOIL STAMPING</b> <input type="checkbox"/> 1-Foil Only <input type="checkbox"/> 1-Foil & 2-Inks <input type="checkbox"/> 1-Foil & 1-Ink <input type="checkbox"/> 2-Foil Colors <input type="checkbox"/> <b>BLIND EMBOSHING</b> <input type="checkbox"/> Emboss Only <input type="checkbox"/> Emboss & 2-Inks <input type="checkbox"/> Emboss & 1-Ink <input type="checkbox"/> Emboss & Foil

QUANTITY	STOCK

STANDARD INK COLORS	PRODUCT / ITEM
<input type="checkbox"/> BLACK <input type="checkbox"/> RED (PMS 185) <input type="checkbox"/> REFLEX BLUE <input type="checkbox"/> PROCESS BLUE <input type="checkbox"/> GREEN (PMS 348) <input type="checkbox"/> BROWN (PMS 469) <input type="checkbox"/> BURGUNDY (PMS 201) <input type="checkbox"/> TURQUOISE (PMS 320) <input type="checkbox"/> GRAY (PMS 423) <input type="checkbox"/> PANTONE VIOLET <input type="checkbox"/> PANTONE PURPLE <input type="checkbox"/> GOLD (PMS 873) <input type="checkbox"/> SILVER (PMS 877) <input type="checkbox"/> PANTONE YELLOW <input type="checkbox"/> ORANGE (PMS 021) <input type="checkbox"/> RHODAMINE RED <input type="checkbox"/> PMS _____ <input type="checkbox"/> PMS _____	<input type="checkbox"/> <b>BUSINESS CARDS</b> <input type="checkbox"/> 2-Sided <input type="checkbox"/> Shell Imprint <input type="checkbox"/> <b>ANNOUNCEMENTS</b> <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical <input type="checkbox"/> <b>LETTERHEADS</b> <input type="checkbox"/> <b>ANN. ENV. PRINTED</b> <input type="checkbox"/> <b>ENVELOPES</b> <input type="checkbox"/> <b>DOOR HANGERS</b> <input type="checkbox"/> <b>TELEDEX CARDS</b> <input type="checkbox"/> Custom Die-Cut <input type="checkbox"/> <b>FLAT SHEET PRINTING</b> <input type="checkbox"/> 2-Sided <input type="checkbox"/> 8 1/2 x 11 <input type="checkbox"/> 8 1/2 x 14 <input type="checkbox"/> 11 x 17 <input type="checkbox"/> <b>FOLD-R-CARDS</b> <input type="checkbox"/> Full Fold <input type="checkbox"/> Short Fold <input type="checkbox"/> <b>CARBONLESS FORMS (NCR)</b> <input type="checkbox"/> PARTS <input type="checkbox"/> 2 Part <input type="checkbox"/> 3 Part <input type="checkbox"/> 4 Part <input type="checkbox"/> 5 Part <input type="checkbox"/> SIZE <input type="checkbox"/> 4 1/4 x 5 1/2 <input type="checkbox"/> 5 1/2 x 8 1/2 <input type="checkbox"/> 8 1/2 x 11 <input type="checkbox"/> 8 1/2 x 14 <input type="checkbox"/> <b>NUMBERING</b> <input type="checkbox"/> Red <input type="checkbox"/> Black <input type="checkbox"/> Include "No." Text <input type="checkbox"/> Special Sequence <input type="checkbox"/> <b>OTHER</b> _____

**SPECIAL INSTRUCTIONS**

**PRINT METHOD** PLEASE BE SURE TO SELECT ONE

**REGULAR THERMOGRAPHY**

**LASER SAFE THERMOGRAPHY**

**FLAT PRINTING**

**INK COLOR FONT, PT. SIZES** Please **print copy clearly** in space below in the approximate position it should appear. Use the left and right columns to indicate **mainline, fonts, point sizes, and ink colors.** Attach previously printed sample if possible and mark changes. Body copy is 8pt. Helvetica Medium unless specified. **INK COLOR FONT, PT. SIZES**

**\*\* ORDER CUT OFF TIME IS 3:00 PM MST \*\***

PRICING/QUOTE	DROP SHIP	BCT USE ONLY
PLEASE ATTACH QUOTE IF APPLICABLE.	PLEASE FILL OUT ONLY IF YOU WANT THE FINISHED JOB SHIPPED TO YOUR CUSTOMER.	DATE _____
CUSTOMER APPROVAL		TYPESET _____
		PROOFED _____
		ROUTE _____
		BILLING _____