



Stationary Order Form

Date _____

Local Office/Area Office: _____

Address: _____ Suite/Unit #: _____

City: _____ Postal Code: _____

Toll Free: _____

Website: _____

If the shipping address is different from the above, please provide shipping address:

Address: _____

City: _____ Province: _____ Postal Code: _____

Please choose from the following (To be Quoted):

Letterhead (min. 500) Qty _____

Envelopes (min. 500) 4 x 9.5 (#10) Qty _____ 6x9 (#6) Qty _____ 9x12 (#9 1/2) Qty _____ 10x13 (#13) Qty _____

The proof will be emailed back to:

Contact person: _____

Phone: _____ Email: _____

Order Number: _____ Estimated Total Price \$ _____

Initial to approve

Turn around time for a stationary request is ten (10) days from the date the proof is approved. Pricing will be submitted for approval at the time of proof. Please complete this form and return it by email to kendalladmin@on.aibn.com or fax to 416-252-0068.

