

Matted Album Order Form

For security reasons, these forms must not be sent by e-mail or over the internet.

Zookbinders

Crafted to a Higher Standard

SHIP ORDERS TO:
151 S. Pflugsten Rd., Unit K
Deerfield, IL 60015

Phone: 800-810-5745
Fax: 847-272-5978

www.zookbinders.com

customerservice@
zookbinders.com

Special Instructions:

- Sample Album (50% off) Rush: 5 Business Days - 30% Surcharge
 Drop Ship To: _____

Album Size _____

Frame Color _____

of Panoramas _____

of Pages _____ (1-Page = 2-Sides)

Frame Liner _____

of 1/2 Panoramas _____

Cover Color _____

Gilding Color _____

of 3/4 Panoramas _____

of Special Panoramas _____

(Pano strips will be used when necessary)

Cover Cameos (recessed into album cover)

Note: Please refer to catalog for available sizes per album

- 2 1/2 x 3 1/2 vertical* 5x5
 2 1/2 x 3 1/2 horizontal* 5x7 vertical
 3 1/2 x 5 vertical 5x7 horizontal
 3 1/2 x 5 horizontal 8x8

*Note: We cannot accept die-cut wallets with rounded corners.

Studio Imprint (Inside Front Cover)

- Gold Silver Black Branded

Die # or
studio
name: _____

Imprint Name(s) & Date

Cover Imprint Color

- Gold Silver Black White Branded

Cover Imprint Font

- Italic (default) Modern

Name(s): _____

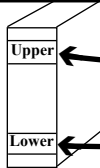
Please note: cover will be imprinted EXACTLY as written.
For example, if you write Mary & John, we will imprint Mary & John.

Date: _____

Please note: date will be imprinted EXACTLY as written.
For example, if you write 6/2/2011, we will imprint 6/2/2011.

Upper Center Stamping (Monogram or Title)

Spine Stamping (includes 2-line tooling)



Upper Stamping _____

- Tooling Only

Lower Stamping _____

Slipcases: (decorative boxes made in the same color leather as the album - see price list for additional charges)

- Single Slip Case Triple Slip Case
 Double Slip Case Quadruple Slip Case

For Office Use

- ____ Comps
____ Pinwheel
____ Diamond
____ Butterfly
____ B-B Pano
____ Tip Ins
____ Oversize
____ Hand Trim
____ Hndlg Chrg
____ Custom Invo
____ Blank Invo
____ PZ 4
____ PZ 6
____ PZ 9
____ PZ 12
Prints \$ _____

Please fill in the corresponding codes from the Frame Code Booklet. (When a frame code doesn't match the photos, we will always change the code)

| | | | | | |
|----|----|----|----|----|----|
| 1 | 14 | 28 | 42 | 56 | 70 |
| 2 | 15 | 29 | 43 | 57 | 71 |
| 3 | 16 | 30 | 44 | 58 | 72 |
| 4 | 17 | 31 | 45 | 59 | 73 |
| 5 | 18 | 32 | 46 | 60 | 74 |
| 6 | 19 | 33 | 47 | 61 | 75 |
| 7 | 20 | 34 | 48 | 62 | 76 |
| 8 | 21 | 35 | 49 | 63 | 77 |
| 9 | 22 | 36 | 50 | 64 | 78 |
| 10 | 23 | 37 | 51 | 65 | 79 |
| 11 | 24 | 38 | 52 | 66 | 80 |
| 12 | 25 | 39 | 53 | 67 | 81 |
| 13 | 26 | 40 | 54 | 68 | 82 |
| | 27 | 41 | 55 | 69 | |

For Office Use

Date Received _____
of Orders Received _____
Amount of Payment _____
Check # _____

Date Shipped _____
of orders shipped _____
Total _____
Invoice # _____

Account # _____ Customer Reference _____ Date _____

Company Name _____ Your Name _____

Address _____ Check box if this is a new address

Daytime Phone # _____ Fax # _____ E-mail _____

Check box if this is a new email

- Use Credit Card on File Pre-Payment (orders will be processed when full payment has been received)

- Visa Mastercard Amex Discover/Novus

Card # _____ Exp. Date _____

Cardholder's Name _____ Signature _____

Billing address cc stmt is mailed to: _____

SEE PAGE 2 FOR TERMS AND CONDITIONS

Please print a
copy to retain
for your records.

updated 9/11