

# Zook Book™ Order Form

For Print to Bind orders please use the Print to Bind order form located at [www.zookbinders.com](http://www.zookbinders.com)



**Zookbinders®**

*Crafted to a Higher Standard*

SHIP ORDERS TO:

151 S. Pfingsten Rd., Unit K  
Deerfield, IL 60015  
Phone: 800-810-5745  
Fax: 847-272-5978  
[www.zookbinders.com](http://www.zookbinders.com)  
[customerservice@zookbinders.com](mailto:customerservice@zookbinders.com)

**Special Instructions:**

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

Album Size \_\_\_\_\_ # of Pages \_\_\_\_\_ (6 page min / 45 pages max) Gilding \_\_\_\_\_  
(2 sides = 1 page)

Sequence # of First Print \_\_\_\_\_ Sequence # of Last Print \_\_\_\_\_

**Cover Color** \_\_\_\_\_  
(Write full name, for example: Glove Black or Standard Black)

**Cover Cameos** (recessed into album cover)  
*Please see catalog for size options per album*

- 2½x3½ vertical\*       5x5
- 2½x3½ horizontal\*       5x7 vertical
- 3½x5 vertical       5x7 horizontal
- 3½x5 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 \_\_\_\_\_

**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

**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 \_\_\_\_\_

**Maximum characters for spine imprinting**

# of pages	15-17	18-20	21-23	24-26	27-29	30-32	33-35	36+
Characters	5	6	7	8	9	10	11	12

**Important!!**



When using one continuous layout as shown above, please make sure to have it printed as one photograph. Do not cut the photo as Zookbinders will cut it to ensure accurate alignment.



When designing independent pages as shown above, make sure to send 2 individual photos to Zookbinders, numbered in sequence.

**For Office Use**

Date Received \_\_\_\_\_

# of Orders Received \_\_\_\_\_

Amount of Payment \_\_\_\_\_

Check # \_\_\_\_\_

\_\_\_\_\_ Tip-ins

\_\_\_\_\_ Hndlg Chrg

\_\_\_\_\_ Prints

Date Shipped \_\_\_\_\_

# of orders shipped \_\_\_\_\_

Total \_\_\_\_\_

Invoice # \_\_\_\_\_

Account # \_\_\_\_\_ Customer Reference \_\_\_\_\_ Date \_\_\_\_\_

Company Name \_\_\_\_\_ Your Name \_\_\_\_\_

Check box if this is a new address

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ E-mail \_\_\_\_\_

Use Credit Card on File     Pre-Payment (orders will be processed when full payment has been received)     Check box if this is a new email

Credit Card - Please Check:    *Visa    Mastercard    Amex    Discover/Novus*

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Cardholder's Name \_\_\_\_\_ Signature \_\_\_\_\_

**Billing address credit card statement is mailed to:** \_\_\_\_\_

updated 9/11

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Please make a photocopy to retain for your records.**

PLEASE SEE 2ND PAGE OF THIS ORDER FORM FOR OUR TERMS AND CONDITIONS