

STATE OF DELAWARE ENVELOPE ORDER FORM

DATE: _____

PO or Requisition Number _____

Budget Code Number _____

Contract item number that you are ordering _____

Quantity in thousands that you are ordering _____

Price per thousand _____

Ink color to be printed on envelope (Red 201, Reflex Blue, or Black _____

Your telephone number with area code _____

Your email address _____

Bill to address:

Ship to address if different then bill to address:

If paying by State of Delaware Procurement/Credit Card please provide the Credit Card information:

Card Holder Name _____

Card Number: _____

Exp Date: _____

Please indicate if inside delivery is required. There is an additional \$8.00 per carton charge for inside delivery.

If available, please email a copy of your electronic art work. If none is available, please fax, or scan and email, an exact copy of your envelope.

Please return this request form to:

Sharon.austin@cenvco.com or fax to: 814-832-0189

For questions: 814-832-7233