

**PLEASE FILL OUT THE FILLABLE  
PURCHASE ORDER FORM ON THE NEXT  
PAGE OF THIS PDF.**

**THEN EITHER EMAIL IT TO:  
[sales@sheppardenvelope.com](mailto:sales@sheppardenvelope.com)**

**OR FAX IT TO:  
508-754-3108**

**ALL ORDERS ACKNOWLEDGED ON DATE RECEIVED**

Please FAX to 508-754-3108 or EMAIL to sales@sheppardenvelope.com

**PURCHASE ORDER #** \_\_\_\_\_

**DATE** \_\_\_\_\_

**COMPANY INFORMATION – SIC Code:** \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

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

Telephone \_\_\_\_\_

Contact \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Email for invoices \_\_\_\_\_

**Ship to Address** (if different)

Company/name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

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

**NEW MASSACHUSETTS ACCOUNTS:**

Please send us your Sales Tax Resale Certificate.

**CREDIT CARD INFORMATION:**

*The card will not be charged until the time of order shipment.*

**VISA, MasterCard, Discover, Amex Credit Card Holder:**

Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVC \_\_\_\_\_

Full name on card: \_\_\_\_\_

Card holder address (if different): \_\_\_\_\_

City \_\_\_\_\_

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

**ORDER TYPE:**  NEW  REPEAT  REPEAT WITH CHANGES **PREVIOUS ORDER #:** \_\_\_\_\_

**Product Description:** \_\_\_\_\_

**Item # (if available):** \_\_\_\_\_

\_\_\_\_\_

**Print & Ink Color(s):** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Paper:** \_\_\_\_\_

**Set up/Ink Match Charge:** \_\_\_\_\_

**Quantity:** \_\_\_\_\_

**Price:** \_\_\_\_\_

**Send proof to:** \_\_\_\_\_

**SPECIAL INSTRUCTIONS**

**SHEPPARD ENVELOPE MFG CO**

P.O. BOX 358 • 133 SOUTHBRIDGE ST. • AUBURN, MA 01501

Phone: 800-325-6622 Fax: 508-754-3108 sales@sheppardenvelope.com