

Choose Your Cover!

COVER A

Bags • Disposables & Supplies • Foodservice Smallwares • Grocery • Glassware
Towels/Tissues • Janitorial Supplies • Chemicals • Soaps/Lotions

COMPANY NAME
Street Address
City, State Zip
Tel. 555-123-1234 • Fax 555-123-1234

Item # COVERA2007

COVER B

Bags • Disposables & Supplies • Foodservice Smallwares
Grocery • Glassware • Janitorial Supplies • Chemicals
Soaps/Lotions • Towels/Tissues

COMPANY NAME
Street Address
City, State Zip
Tel. 555-123-1234 • Fax 555-123-1234

Item # COVERB2007

BENEFITS:

- ♦ 180 Pages In Full Color
- ♦ Tap Into New Product Categories
- ♦ Customized Covers Available
- ♦ Formatted By Product Category For Ease Of Use
- ♦ Your Choice From 4 Different Cover Looks
- ♦ Increase Your End User Sales
- ♦ A Great Value
- ♦ NON-DATED CATALOG

COVER C

COMPANY NAME
Street Address
City, State Zip
Tel. 555-123-1234
Fax 555-123-1234

Item # COVERC2007

COVER D

COMPANY NAME
Street Address
City, State Zip
Tel. 555-123-1234 • Fax 555-123-1234

Item # COVERD2007

It's Easy

Order By April 1st, 2008
for Custom Imprints

- 1. Choose Cover**
- 2. Fill Out Order Form**
- 3. Fax or Mail Order Form**

Estimated Arrival - May 9th

Questions?

Call 1-800-234-1460 x110

Please Note: Photos on covers shown above are subject to change without notice

Say **“YES”** to more **SALES**, more **PROFIT**, & more **CUSTOMERS!!**
 Say **“YES”** to saving **Time & Money** and gaining a **Competitive Edge!!**
 As if that’s not enough, it costs less than a **PENNY A DAY!**



PRIVATE LABEL CATALOG

Order By April 1st, 2008 for Custom Imprints

Cover with No Imprint

0-100	\$3.50 each
101-500	\$2.80 each
501-1000	\$2.50 each
1001+	\$2.25 each

Imprinted Covers

Add \$180.00 for Black Imprint.

Catalog covers will be custom imprinted in black with your company’s information. Minimum run is 200. A black and white company logo can be used. An artwork proof will be faxed or emailed for your approval.

Custom Cover: Get a full color customized cover designed specifically for you! Call today for a Price Quote.

1. Billing Information:

Company Name: _____
 Contact Person: _____
 Billing Address: _____
 City, State, Zip: _____
 Phone Number: _____ Fax Number: _____
 E-mail (for Imprinted Cover Proofs to be sent to): _____

2. Imprint Information: Numer of Catalogs: _____

Please Choose One Box: Cover Choice: A B C D

Please Choose One Box: No Imprint on Cover Black Imprint on Cover Custom Cover

Co. Name To Be Imprinted: _____
 Imprint Address: _____
 City: _____ State: _____ Zip: _____
 Telephone: (____) _____ Fax: (____) _____
 Website: _____ Email: _____

Mail to: RJ Schinner, Attn: Becky, 16950 W. Lincoln Avenue, New Berlin, WI 53151, or **Fax to:** 262-901-0191
 Please Call Becky at 1-800-234-1460 x110 with questions.

All Orders Must Be Received By April 1st, 2008 - Estimated Arrival Date is May 9th

Order Form: