



Order & Agreement Form
 11626 Prosperous Drive
 Odessa, FL 33556
 Toll-Free 888.679.0255 or 727.375.1502
 FAX: 727.499.7999

Billing Information

Client Name: _____

Company Name: _____

Company Address: _____

City: _____ State: _____ Zip: _____

Email address: _____ Phone: _____

Fax: _____ Mail Date _____

Sales/CS Representative: _____

Seminar Mailing Formats (Please Circle Your Selection Number)

- 1. **#10 Full Window Package**
 - Patriot Map Globe
 - Contemporary Pen Rush Express
 - Info Express Border (green, red, blue)
- 2. **6 x 9 Wedding Style**
 - Time Map Elegant
- 3. **#10 Full Window with Tickets Attached (MODERN).**
- 4. **Business Style (Left Hand Window).** Pen Rush Express Info Express
 - Border (green, red, blue) Certificate of Authenticity
- 5. **Rush Express Package.** Patriot Map Globe Contemporary Pen Rush Express
 - Info Express Border (green, red, blue)
- 6. **Postcards** 4 ¼ x 6 Value paper OR Premium Paper 5 ½ x 8 ½
- 7. **Self Mailers.** Small 8 ½ x 14 Large 8 ½ x 16 Reply Card Self Mailer

CLIENT OPTION: Substitute Reply Card with a "Bio" or "Tax" Card Yes No
 (Applies to Seminar Mailing Formats 1, 2, 4, 5 only)

Will a DO NOT MAIL list be provided? Yes No

Postage Type: Standard (3rd class) First Class (.10 extra)

Additional Instructions: _____

Custom: Colors _____ Size _____ Paper Stock _____

SEMINAR INFORMATION

Seminar Dates:

Day: _____ Day: _____ Day: _____ Day: _____

Date: _____ Date: _____ Date: _____ Date: _____

Time: _____ Time: _____ Time: _____ Time: _____

Restaurant (Facility) Name: _____

Address: (include zip code) _____

Phone#: (include area code) _____

Number of pieces per seminar: _____

Number of drops: _____

Total pieces ordered: _____

Pricing	
Quantity	
Price per piece	X
Additional cost (if applicable)	
Sales tax (if applicable)	
Credit card	
TOTAL COST	

Terms

Payment required 4 days before mailing date for all orders or 50% due of estimated invoice with signed agreement – check or credit card accepted. By Client's signature hereon, he /she is representing that all written text, images, photographs, marks, insignias, logos or other graphics or artwork provided by Client is not subject to any legal restriction, including but not limited to, copyright, trademark or trade secret. Should any legal action be brought against AllPRO Printing, because of its reproduction and/ or dissemination of any item provided by Client, Client shall indemnify AllPRO Printing, and shall be responsible for all attorney's fees and costs associated with the defense of said legal action, including those fees and costs associated with enforcement of this indemnity provision. Venue for any action out of this Agreement shall be in Hillsborough County, Florida. This commitment is to serve as Client's written authorization for agency (AllPro Printing) to perform services and/or contact with suppliers for above described items on client's behalf. Client's signature also indicates an understanding of estimates, prices, terms and non-cancel ability of said terms and services. CLIENT'S SIGNATURE ALSO AUTHORIZES ALLPRO TO PRINT ALL MATERIALS WITH FINAL ART APPROVAL. This agreement also authorizes ALLPRO Printing to charge customers credit card for above services.

Payment	
Credit Card Number:	Exp. Date:
Name as it appears on credit card:	
Credit card address if different than above:	
	Date
Customer Signature:	
Account Manager Signature:	

Check Velocity Service: Your check is welcome! If your check is returned for non-sufficient funds, you expressly authorize your account to be electronically debited or bank drafted for the amount of the check plus any applicable fees. The use of a check for payment is your acknowledgement and acceptance of this policy and its terms and conditions.

RSVP Service

In a partnership with SEMINAR EDGE, we will acquire a unique 800# for your Seminar Marketing mailing piece and provide you access to 24/7 Real Time reservation information. To set up your username and password on the SEMINAR EDGE web site we need the following information.

Name: _____

Company Name: _____

Email address: _____ *

* All correspondence will be sent to this email address including messages, reservations, cancellations and waiting list entries.

Seminar Information:

Seminar Title: _____

Guests per invitation: _____

Confirmation calls: Yes No
(There is an additional charge for this service.)

Number of meetings: _____

Seminar Location: Please provide the full address, city, state and zip code. It is important to provide a zip code for the meeting location. SEMINAR EDGE uses it to give driving directions to your attendees.

IMPORTANT: Once we have set up the defaults for you, we will email your username and password information with instructions on how to gain access to your account so you can customize the screens/scripts to suit your seminar needs.

SEMINAR MAILING LIST RESEARCH/ORDER FORM

Your Name: _____ Your Company: _____

Phone: _____ Fax: _____

1. eMail: _____

IMPORTANT: *Forms must be completed and faxed to us a minimum of 28 days prior to your 1st seminar date. 38 days for the West Coast. Upon receipt of this order form, we will provide your counts. Final count approval must be obtained prior to final production approval.*

Your Seminar Dates:				
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LIST RESEARCH

2. Please fill out this section and submit by fax or e-mail. We will return your counts per your criteria below. We recommend doing an initial radius search for your first list research report.

A. Geography:

Provide only 1 zip code for a radius search. Zip code to use as epicenter to run Radius:

_____ **OR**, provide street address of your business or seminar location:

3 mile 5 mile 10 mile 15 mile Other

OR

Provide at least 5 zip codes from your mailing area:

B. Adult Age: (5 year increments)

Age 55-59 Age 65-69 Age 75-79 Age 85-89

Age 60-64 Age 70-74 Age 80-84 Age 90+

C. Estimated Income: (20K increments)

\$30,000-49,999 \$70,000-89,999 \$110,000-129,999 \$150,00-169,999

\$50,000-69,999 \$90,000-109,999 \$130,000-149,999 \$170,000+

D. Additional Selects:

Net worth 1.2 cents per name

Presence of children 1 cent per name

FINAL LIST ORDER AND INSTRUCTIONS

After receiving your List Research, complete your order by circling the zips and quantities on the list research pages **OR** providing instructions in the section below and faxing them back with your completed order forms and invitation text. This constitutes your order.

3. Total quantity to mail: _____ (REQUIRED)

Notes/Comments: _____
