

## STATIONERY QUOTE FORM

Please Mail actual samples and completed form to:	<b>Account Information:</b>	
Attn: Graphics Center	Account #:	
ALL-STATE LEGAL	Firm Name:	
1 Commerce Drive	Quote Contact Name:	
Cranford, NJ 07016	Email:	

For each of the items you are sending ASL to quote, please complete the below information so we can provide you with the most competitive pricing:

Item Being Ordered	Typical Quantity Ordered	Frequency of Order  (IE: Monthly, Every other Month, Quarterly, 2 times a year, etc.)	Current Price (optional)
Business Cards			
Letterhead			
2 <sup>nd</sup> Page Letterhead			
Stationery Envelope			
Announcement			
Announcement Envelope			
Presentation Folder			
Will Cover			
Will Envelope			
Printed Mailing Label			
Printed Business Reply Envelope			
Other:			
Other:			
Other:			

Do you currently pay for shipping? ☐Yes	□No	■Not Sure
Current stationery provider (optional):		
Special Notes/Instructions:		