

Filebacks



FILEBACK D

■ No Fasteners □ 2" Fastener

FILEBACK E 9"w x 12"h

■ No Fasteners ☐ 2" Fastener

FILEBACK F

10"w x 11"h

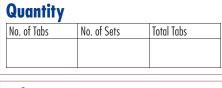
110# Manila ■ No Fasteners

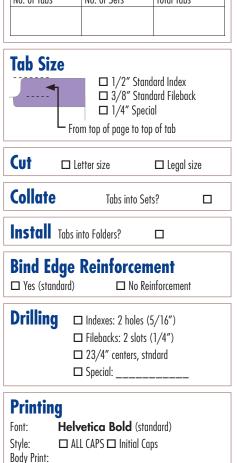
1" hinge

1" hinge 110# Manila

1" hinge 110# Manila

8-1/2"w x 12-1/2"h





☐ Body Print — PDF Provided

☐ Dealer Reorder Information:

Position	Text	Color/No.
SAMPLE	Correspondence	Blue/MY425
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		





Please indicate if you would like the fastener installed in another position than shown above NOTE: If no selection is made, your order will be produced using the "Standard" choice unless a sample is provided, which we will match exactly.







DATE:		FAX	ORDER / QU	JOTE FORM	
Invoice To:		Ship To Address (Check Here	if Same a	as Invoice)	
Company Name:		Company Name:			
Contact Name:		Contact Name:			
Phone No:, F	ax:				
Email:		City, State, Zip:			
Address:		Phone No:Fax:			
City, State, Zip:		SHIP VIA: BEST WAY NO LOADING DOCKDOCK TO DOCK DEL			
Purchase Order/Reference	Number:	SPECIAL INSTRUCTIONS:			
		(Please attach special instructions on a separate sheet if necessary)			
QUANTITY	DESCRIPTION		EACH	PRICE	
	1				
TERMS: Company Check,	F.O.B.: ORIGIN, PP&ADD	ESTIMATED SHIP DATE ARO: TBD			
Credit Card, * Purchase Order	* Quote valid for 25 days				
PREPARED BY: Rudy Blasich ACCEPTANCE AS S AS POSTED ON OL	S AND ORDERS ARE SUBJECT TO YOUR HOWN HEREIN AND OUR TERMS & CONDITIONS IR WEB SITE WWW.FILINGTODAY.COM	* ACCEPTED BY	ATURE REQUIRER.		
		SIGNATURE REQUIRED:			
	•	MAY FAX OR EMAIL THIS IL TO: SALES@FILINGTOD			
<u>FAX 10</u> . 6	66-691-9970 01 <u>EMA.</u>	IL TO. SALES@FILINGTOD	AT.COM		
TERMS: When Paying by CASH (Company Check) / (Money O	rder) / (Wire Transfer) please autho	rize this purcha	se by	
payment payable to AMERICA	N FILING SOLUTIONS via <u>I</u>	m with your payment. <mark>To expedite</mark> NEXT DAY CARRIER to our local S	ales Office locat	ted at:	
41305 Promenade Charc	lonnay Hills, Temecula CA	92591 or mail to P.O. Box 89171	9 Temecula C	A 92589	
		by signing the * Accepted By box above office with your credit card information		form. You may	
CREDIT CARD #:	/	/ EXF	P. DATE	./	
CVV					
CARDHOLDER NAME AS SHOWN ON CAR	RD:				
(DI FACE DOTAL	T NAME) FIDS			LAST	