

|  |        |
|--|--------|
| FIRM NAME:   | BY:    |
| ADDRESS:   | DATE:  |
| CITY: STATE: ZIP:  | PHONE: |
| SHIPPING INSTRUCTIONS:<br><i>(Shipping charges extra)</i> Standard UPS <input type="checkbox"/> 2nd Day Air <input type="checkbox"/> Next Day Air <input type="checkbox"/> | FAX:   |

## For Ready-Made Tabs & Sets Only (Exhibits, Document Tabs, Blank Tabs & Title Tabs)

Punched Tabs  
NOT Returnable

| QUANTITY   | # OF TABS | TOTAL TABS | FORM or STOCK NUMBER | SIDE BTM S/B                    | Letter Legal 11/14 | DESCRIPTION            | RANGE                                  | COLOR of TABS | Punch 2 Hole 3 Hole | Collate Y/N |  |
|------------|-----------|------------|----------------------|---------------------------------|--------------------|------------------------|--|---------------|---------------------|-------------|--|
| 25         | 10        | 250        | EXA-10               | B                               | 11"                | Exhibit Tabs 10 cut    | A-J                                    | clear         | 2 top               | NO          |  |
| 10         | 25        | 250        | D025-44              | 4                               | 11"                | Numbered Tabs straight | 1-25                                   | Blue          | 2 top               | NO          |  |
| 10         | 10        | 100        | PI-15                | 4                               | 11"                | Personal Injury Tabs   | 1-10                                   | standard      | 2 top               | NO          |  |
|            |           |            |                      |                                 |                    |                        |  |               |                     |             |  |
|            |           |            |                      |                                 |                    |                        |  |               |                     |             |  |
|            |           |            |                      |                                 |                    |                        |  |               |                     |             |  |
|            |           |            |                      |                                 |                    |                        |  |               |                     |             |  |
|            |           |            |                      |                                 |                    |                        |  |               |                     |             |  |
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|            |           |            |                      |                                 |                    |                        |  |               |                     |             |  |
|            |           |            |                      |                                 |                    |                        |  |               |                     |             |  |
|            |           |            |                      |                                 |                    |                        |  |               |                     |             |  |
|            |           |            |                      |                                 |                    |                        |  |               |                     |             |  |
|            |           |            |                      |                                 |                    |                        |  |               |                     |             |  |
|            |           |            |                      |                                 |                    |                        |  |               |                     |             |  |
|            |           |            |                      |                                 |                    |                        |  |               |                     |             |  |
|            |           |            |                      |                                 |                    |                        |  |               |                     |             |  |
|            |           |            |                      |                                 |                    |                        |  |               |                     |             |  |
|            |           |            |                      |                                 |                    |                        |  |               |                     |             |  |
|            |           |            |                      |                                 |                    |                        |  |               |                     |             |  |
|            |           |            |                      |                                 |                    |                        |  |               |                     |             |  |
| TOTAL TABS |           | (       )  | X Price per Tab      | (       ¢ ) = Total (\$       ) |                    |                        | There is no Sales Tax, Shipping extra. |               |                     |             |  |

## For Custom Orders Only (Design your own sets of titles)

\*Title Tabs come in a Standard Rainbow Color Pattern.  
All other tabs come in clear (color is an additional charge. Call for prices)

|                            |  |  |
|----------------------------|--|--|
| 1. Quantity of each Title: | 5. Side Tabs <input type="checkbox"/> Bottom Tabs <input type="checkbox"/>   | 7. Paper Size:    Letter <input type="checkbox"/> Legal <input type="checkbox"/>   |
| 2. Total number of Titles: | 6. Standard Rainbow colors <input type="checkbox"/><br>or, all tabs one color:<br>if custom colors indicate color after titles below | 8. Tab size: 10-side <input type="checkbox"/> 8-bottom <input type="checkbox"/> other <input type="checkbox"/>                       |
| 3. Total number of Tabs:   |  | 9. Punch: No <input type="checkbox"/> 2-top <input type="checkbox"/> 3-side <input type="checkbox"/> 2-side <input type="checkbox"/> |
| 4. Write titles below:     |  | 10. Collate:    No <input type="checkbox"/> Yes <input type="checkbox"/>   |
| 1                          |  | 11   |
| 2                          |  | 12   |
| 3                          |  | 13   |
| 4                          |  | 14   |
| 5                          |  | 15   |
| 6                          |  | 16   |
| 7                          |  | 17   |
| 8                          |  | 18   |
| 9                          |  | 19   |
| 10                         |  | 20   |