

Date \_\_\_\_\_ **2024 - 2025 STURDICO ORDER FORM**

**PLACE YOUR ORDER ON OUR WEBSITE: WWW.STURDICO.COM or By Email: rasturdico@sturdico.com**  
**By Fax: 1-800-577-1040 By Mail: P.O. Box 2822 Newport Beach, CA 92659 Phone: 1-866-788-7342**

Name: \_\_\_\_\_ Company: \_\_\_\_\_

Shipping Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**ORDER INFORMATION** For NEW or CHANGES to Imprinting – Please see Back Page for Instructions

PRODUCT	INCOME TAX ORGANIZERS (150 Minimum for Imprinting)	CATALOG PRICE	QUANTITY	TOTAL \$ (Price x Quantity)
	<i>CS-108 Envelopes are included in CS-101 and CS-125 prices. If NO ENVELOPES required - DEDUCT 0.04 each from CS-101 or CS-125 catalog price.</i>			
CS-101 Original Tax Organizer	No Booklet or Envelope Imprinting.			
	Booklet Imprinting only. No Envelope Imprinting. Check if "SAME AS BEFORE" <input type="checkbox"/>			
	Both Booklet and Envelope Imprinting. Check if "SAME AS BEFORE" <input type="checkbox"/>			
CS-125 Enlarged Tax Organizer	No Booklet or Envelope Imprinting.			
	Booklet Imprinting only. No Envelope Imprinting. Check if "SAME AS BEFORE" <input type="checkbox"/>			
	Both Booklet and Envelope Imprinting. Check if "SAME AS BEFORE" <input type="checkbox"/>			
CS-108	ADDITIONAL 6x9 Mailing Envelopes for Above Organizers			

Add indicia to envelopes: Only on imprinted envelopes Add 2c each per indicia required.

First Class  Address Service Requested  Message Box "Enclosed . . ."

CS-129A	Holiday Insert A – @ .09 each. Circle Design Number: 1 2 3 4 6 7			
CS-129B	Holiday Insert B – Message Only @ .07 each			

PRODUCT	OTHER PRODUCTS (250 Minimum for Imprinting)	IMPRINT (✓)	IMPRINT SAME AS BEFORE (✓)	CATALOG PRICE	QUANTITY	TOTAL \$ (Price x Quantity)
CS-117	Business Mileage Organizers					
CL-205	Copykeepers 9 x 12 (White)					
CL-206	Copykeepers 9 1/2 x 12 5/8 (White)					
CL-206G	Copykeepers 9 1/2 x 12 5/8 (Grey)					
CL-207	DataKeepers					
CL-208	Custom Tax Return Presentation Folders (White)					
CL-209	Organizer & Record of Estimated Tax Payments					
LB-303	Lapelope Envelope 10 x 13					
LB-306	Personalized Security Seals - Rolls of 1000					

<b>SHIPPING &amp; HANDLING CHARGES</b> (BASED ON SUBTOTAL AFTER DISCOUNTS AND BEFORE TAXES)				<b>SUBTOTAL \$</b>	
Less than \$29 = \$12	\$150 – 299 = \$38	\$500 - 699 = \$78	\$1000 - 1299 = \$138	<b>DISCOUNT ALLOWED \$</b>	
\$30- 149 = \$24	\$300 – 499 = \$58	\$700 - 999 = \$108	\$1300 - 1999 = \$148	<i>(Use to Calculate Shipping)</i> <b>SUBTOTAL \$</b>	
			\$2000 += \$158	<i>(CA Residents add)</i> <b>SALES TAX % \$</b>	

<b>PAYMENT INFORMATION– Payment required to process your order</b>				<b>SHIPPING &amp; HANDLING CHARGES \$</b>	
<input type="checkbox"/> Charge My Credit Card <input type="checkbox"/> Check Enclosed <input type="checkbox"/> VISA <input type="checkbox"/> MC <input type="checkbox"/> DISCOVER/DINERS <input type="checkbox"/> AMEX   MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/>				<b>TOTAL \$</b>	
ACCOUNT NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				<b>We ship UPS Ground.</b> HI and AK we ship the most economical and bill. <b>If you do not receive an acknowledgment within 7 days, please notify us as soon as possible!</b>	
X _____					

# NEW OR UPDATED IMPRINT INFORMATION

CHECK THIS BOX IF NO IMPRINT CHANGES FROM LAST YEAR'S ORDER

Line 1) FIRM OR INDIVIDUAL NAME: \_\_\_\_\_

Line 2) Individual, Professional Designation (if desired): \_\_\_\_\_

Line 3) Address: \_\_\_\_\_

Line 4) City, State, Zip Code: \_\_\_\_\_

Line 5) Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Line 6) E-mail Address and/or Website: \_\_\_\_\_

- Use the space above to indicate imprinting CHANGES or email a PDF.
- We will use the Template to the right unless you indicate otherwise. (Custom Logos add \$20)
- DO NOT abbreviate unless you want it to be printed that way.
- Please print or type legibly. We will email a proof for sign-off.

## STANDARD IMPRINTING TEMPLATE

**JANE A. SMITH**  
*Certified Public Accountant*  
1234 Main Street  
Your City, CA 99999  
Phone: (555) 888-1234 / Fax: (555) 888-1234  
youremail@email.com

**CUSTOMER FEEDBACK** - We love to hear from our customers! Please use the section below to provide feedback and suggestions on how we may improve our products and services. We also welcome new product ideas to help expand our catalog. Thank you!

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**NEW CUSTOMER REFERRAL OFFER** - Know someone who would love our products? Simply supply their company name and mailing address below. When they order they will receive \$10 off their order and so will you - on your next order!

Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

### MONEY-BACK GUARANTEE

We guarantee your 100% satisfaction.

If for any reason you are not completely satisfied with any product you purchase from us, return it within 30 days and your money will be promptly refunded or the unsatisfactory product replaced at once.