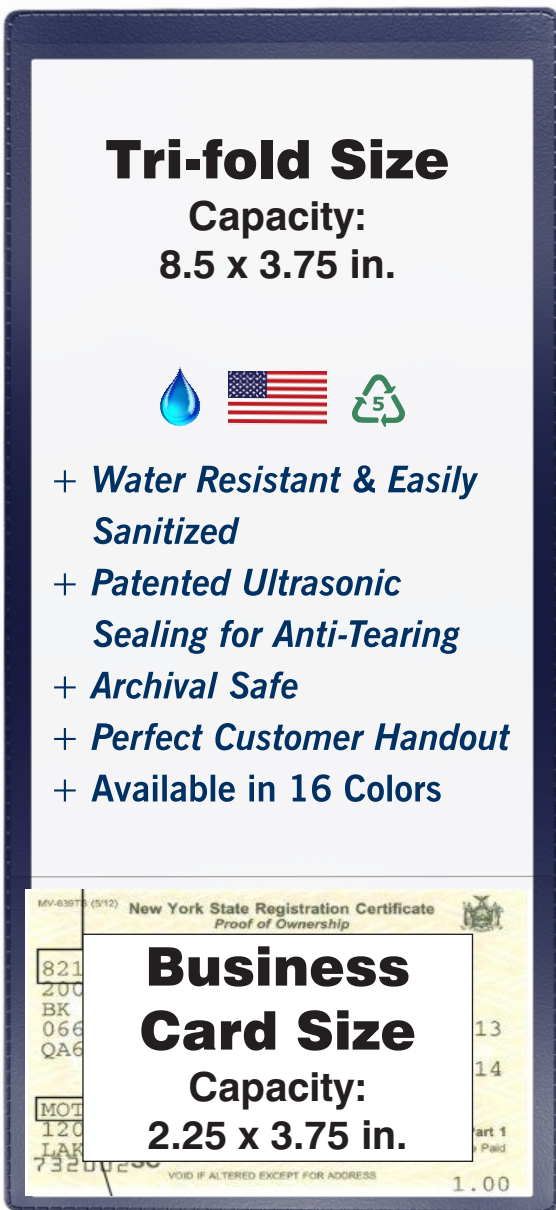


INS-30 Auto Insurance Card Holders



Overall size: 4 x 9 in.



INS-30 card holders are flexible plastic sleeves with two pockets, one full pocket for tri-folded paper, and one business card size pocket. Ink from inserted documents will not transfer onto your holder. Perfect for storing in the car!

Add your custom logo & text!
**500 quantity min.*



Add your company name, logo, and other information such as your address and phone number, in your choice of font and color.
**500 quantity minimum for custom stamped holders*

Factory Low Prices	100-500	1,000	2,500	5,000	10,000	20,000
Plain-No Printing:	.205	.20	.195	.19	.185	.18
With Printing:	You supply Artwork	.24	.235	.23	.225	.22
				.225	.22	.215



www.rochester100.com

Made Under Patent US 6,254,707 B1

40 Jefferson Rd. Rochester, NY 14623-2132
Phone: (800) 498-1463 Fax: (585) 475-0340
Email: customerservice@rochester100.com

Order Form

INS-30 Insurance Card Holders

Plain Holders (No Custom Stamp)

Color	Quantity
White	
Red	
Black	
Navy Blue	
Green	
Metallic Violet	
Metallic Blue	
Metallic Green	
Metallic Silver	
Metallic Maroon	
Metallic Gold	
Powder Blue	
Pink	
Clear	
Yellow	
Orange	

Total Quantity: _____

Total Cost: _____

**Shipping and tax cost TBD*

Custom Stamped Holders

Color	Quantity
White	
Red	
Black	
Navy Blue	
Green	
Metallic Violet	
Metallic Blue	
Metallic Green	
Metallic Silver	
Metallic Maroon	
Metallic Gold	
Powder Blue	
Pink	
Clear	
Yellow	
Orange	

Total Quantity: _____

Color of Stamping: _____

**500 min. qty for custom stamped holders
Email high resolution artwork to art@rochester100.com*

BILL TO:

COMPANY NAME _____
 MAILING ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 YOUR NAME _____ EMAIL _____
 PHONE NUMBER _____ FAX NUMBER _____
 CUSTOMER PURCHASE ORDER NUMBER or CREDIT CARD # & EXPIRE DATE _____

SHIP TO:

COMPANY NAME _____
 MAILING ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 YOUR NAME _____ EMAIL _____
 PHONE NUMBER _____ FAX NUMBER _____
 CUSTOMER PURCHASE ORDER NUMBER or CREDIT CARD # & EXPIRE DATE _____



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