

# 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

<b>Factory Low Prices</b>	<b>100</b>	<b>1,000</b>	<b>2,500</b>	<b>5,000</b>	<b>10,000</b>
Plain-No Printing:	.24	.23	.22	.21	.20
<b>Factory Low Prices</b>	<b>500*</b>	<b>1,000</b>	<b>2,500</b>	<b>5,000</b>	<b>10,000</b>
With Printing: <b>You supply Artwork</b>	.28	.27	.26	.25	.24



[www.rochester100.com](http://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](mailto: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](mailto: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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