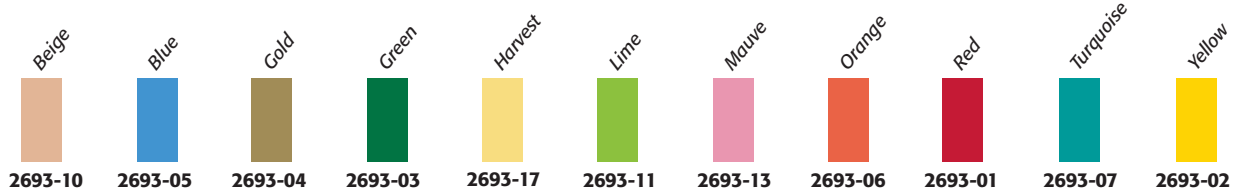# Custom Pull-Tab Alerts FORM D (2-SIDED FORM)

Fill in the required information and return form to Carstens. Type or print titles exactly as they are to be printed. Please note the following limitations: **maximum 13 characters per line, three lines maximum per tab.** Allow for spacing and punctuation. *Printed on both sides. We reserve the right to abbreviate and set type to fit tab.* **Delivery approximately 7 to 10 days after Carstens receives completed form.**
Minimum order 25 each. Custom orders not returnable.

Beige	Blue	Gold	Green	Harvest	Lime	Mauve	Orange	Red	Turquoise	Yellow
2693-10	2693-05	2693-04	2693-03	2693-17	2693-11	2693-13	2693-06	2693-01	2693-07	2693-02

Quantity (Minimum order 25): _____

Color _____

Quantity (Minimum order 25): _____

Color _____

Quantity (Minimum order 25): _____

Color _____

Quantity (Minimum order 25): _____

Color _____

Quantity (Minimum order 25): _____

Color _____

Quantity (Minimum order 25): _____

Color _____

Complete both sides of this form, then print and fax to 708-669-1559. Call 800-782-1524 for assistance.

carstens®   *phone* **1.800.782.1524**   **www.carstens.com**   *fax* **708.669.1559**

Custom Pull-Tab Alerts FORM D (cont.)

Carstens Pull-Tab Alerts, constructed of easy-to-clean, durable poly, quickly flag chart status. Pull-Tab Alerts have titles permanently heat-stamped on both sides of the tab that won't fade or wear off. The semi-circular die-cut locks the tab into flagged position on the Pull-Tab Alert Sheet.

Pull-Tab Alert Sheet for Side-Opening Ringbinders
Cat. 1690-00

Pull-Tab Alert Sheet for Top-Opening Ringbinders
Cat. 1691-00

Pull-Tab Alert Sheet for Traditional Clipboard Charts
Cat. 9691-00

Pull-Tab Alert Sheet for Low-Profile Privacy Clipboard Charts
Cat. 9692-00

Quote Information: *(If this is an order, complete billing and shipping information)*   Today's Date_____

Facility Name _____   *Account #* _____

Your Name _____   *Title* _____

Address _____

City _____   *State* _____   *Zip* _____

Phone (   ) _____   *Fax (   )* _____

Email _____

Billing Information: *Today's Date* _____

Your Name _____   *Title* _____

Facility _____

Address _____

City _____   *State* _____   *Zip* _____

Phone (   ) _____   *Fax (   )* _____

Purchase Order No. _____

Authorized Signature _____   *Title* _____   *Date* _____

*NOTE: Authorized Signature indicates all spelling and punctuation has been approved.

Ship To: *(if different than billing address above)*

Facility Name _____

Address _____

City _____   *State* _____   *Zip* _____

Phone (   ) _____   *Fax (   )* _____

Complete both sides of this form, then print and fax to 708-669-1559. Call 800-782-1524 for assistance.

carstens®   *phone* **1.800.782.1524**   **www.carstens.com**   *fax* **708.669.1559**