

IMPRINT COLOR WHITE
P.O. 107460WIL



Christian
Health Care
Center

200%



Christian
Health
Care
Center

Option 1



Christian
Health Care
Center

Option 2



Christian
Health
Care
Center

AGREEMENT

By signing this agreement, I confirm that all the information listed above is correct including the artwork / layout / typesetting / imprint colors. I also agree to the Shipping Method and all charges listed on confirmation. Any colors available inside this document are for general appearance only and are NOT accurate due to individual monitor settings.

Logo Placement and/or orientation are for general reference only. Exact placement may vary due to printing process.

After receiving proof approval, the production process begins IMMEDIATELY. If for any reason you want to change the signed proof approval, you MUST contact your Order Specialist. If changes are made after the original approval has been received you will be responsible for any and all incurred charges.

Signature _____

Date _____

If you DO NOT wish this order to be shipped earlier than your requested ship date, please check this box.

This order will still be produced earlier based on our production schedule.

IMPORTANT!!! PLEASE READ THE AGREEMENT BEFORE SIGNING.