



Corporate Stationery Printing Order Form

PLEASE FAX YOUR COMPLETED ORDER TO 303-294-0215

Check the size stationery you need to order below

<div style="text-align: right; margin-top: 20px;"> <input type="checkbox"/> Letterhead <small>Street and Suite Address City, State (Spelled Out) & Zip</small> </div>	
<div style="text-align: right; margin-top: 20px;"> <input type="checkbox"/> Notepad <small>Employee Name Title</small> </div>	<div style="text-align: right; margin-top: 20px;"> <input type="checkbox"/> Monarch Letterhead <small>www.xcelenergy.com</small> Employee Name <small>Title</small> <small>Street Address City, State (spelled out) 00000 Phone: 000.000.0000 Fax: 000.000.0000</small> </div>

**Please write clearly or type in the information you would like to appear on your stationery.
No proof will be provided. Please double check your information.**

1. Employee Name	4. City, State, and ZIP
2. Title(s)	5. Phone
3. Location/Address	6. Fax
Please Check Quantity Desired <input type="checkbox"/> 500 <input type="checkbox"/> 1,000 <input type="checkbox"/> _____ <i>Minimum Quantity is 500</i>	Special Instructions

TO ENSURE YOU RECEIVE YOUR ORDER PLEASE COMPLETE THE SECTION BELOW

Name:	Address:
Contact Phone #: Fax #:	Order Date:

Credit Card #	Exp. Date																				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>																					

PLEASE FAX YOUR COMPLETED ORDER TO 303-294-0215 WITH RETURN FAX NUMBER FOR BILLING RECEIPT.

Pin Code