

# AMERICAN BREAST CARE CUSTOMIZED BROCHURE REQUEST

PLEASE PRINT.

Brochure Quantity _____	Today's Date ____/____/____	Due Date* ____/____/____
Store Name _____	Contact Person _____	
Phone (    ) _____	Fax (    ) _____	Email _____
Special Instructions _____		
<i>*Please allow 6 – 8 weeks for design and delivery of your brochures.</i>		

ABC Customer Account Number \_\_\_\_\_

Logo / Artwork Available on Disk or Camera-Ready Art    Yes    No

Preferred Method of Proofing    Fax    Email    U.S. Mail

CUSTOMIZATION (Attach additional pages as needed.)

Name on front panel?    Yes  No   Other Info on front \_\_\_\_\_

Info On Back (check all that apply)    Address    Phone/Fax    Email \_\_\_\_\_

Website \_\_\_\_\_    Hours \_\_\_\_\_    Other \_\_\_\_\_

Inside Panel Right (Suggestions: Store History, Owner Personal History, Credo/Mission)

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Inside Panel Left (Suggestions: Why women wear breast forms, Handcrafted in the USA )

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Products To Include (Choose up to 6 breast forms and 4 bras) Other: \_\_\_\_\_

## Breast Forms

- |                                |                                |                                |
|--------------------------------|--------------------------------|--------------------------------|
| <input type="checkbox"/> 1021  | <input type="checkbox"/> 10246 | <input type="checkbox"/> 1131  |
| <input type="checkbox"/> 1022  | <input type="checkbox"/> 1048  | <input type="checkbox"/> 930   |
| <input type="checkbox"/> 1032  | <input type="checkbox"/> 912   | <input type="checkbox"/> 10225 |
| <input type="checkbox"/> 1041  | <input type="checkbox"/> 1062  | <input type="checkbox"/> 10248 |
| <input type="checkbox"/> 1042  | <input type="checkbox"/> 1101  | <input type="checkbox"/> 10272 |
| <input type="checkbox"/> 1044  | <input type="checkbox"/> 1112  | Other:                         |
| <input type="checkbox"/> 10243 |                                |                                |

## Bras & Camis

- |                              |                              |                              |
|------------------------------|------------------------------|------------------------------|
| <input type="checkbox"/> 101 | <input type="checkbox"/> 109 | <input type="checkbox"/> 116 |
| <input type="checkbox"/> 102 | <input type="checkbox"/> 110 | <input type="checkbox"/> 501 |
| <input type="checkbox"/> 103 | <input type="checkbox"/> 111 | <input type="checkbox"/> 502 |
| <input type="checkbox"/> 104 | <input type="checkbox"/> 112 | <input type="checkbox"/> 503 |
| <input type="checkbox"/> 106 | <input type="checkbox"/> 113 | <input type="checkbox"/> 950 |
| <input type="checkbox"/> 108 | <input type="checkbox"/> 114 | Other:                       |