



Hare Express

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 1700 S.E. Mile Hill Drive, Suite 260
 PO Box 994, Port Orchard, WA 98366



A flyer is a single sheet of 8-1/2" x 11" paper, 20# - 28#

For information on postcards or other formats, please call.

Deadlines (A completed Order Form must accompany all orders)

*Electronic Master: Thursday Noon

*Printed flyers delivered to our office: Friday 10:00am

Flyer deliveries are on Monday.

When Monday is a holiday, deliveries will be on the Friday before the holiday.

Give us a call to set up a pickup date and time.

1 What can we do for you?

2 Choose delivery areas (number of flyers)

- | | |
|---|---|
| <input type="checkbox"/> Silverdale (123) | <input type="checkbox"/> Port Orchard (64) |
| <input type="checkbox"/> Bremerton (18) | <input type="checkbox"/> Port Ludlow (25) |
| <input type="checkbox"/> Belfair/Allyn (24) | <input type="checkbox"/> Port Townsend (45) |
| <input type="checkbox"/> Shelton (46) | <input type="checkbox"/> Kingston (50) |
| <input type="checkbox"/> Gig Harbor (38) | <input type="checkbox"/> Bainbridge (35) |
| | <input type="checkbox"/> Poulsbo (70) |

All Areas (538) Total Flyers = _____

3 Figure your delivery rate

- | | |
|---|--|
| <input type="checkbox"/> 1 - 3 areas - \$21 | <input type="checkbox"/> 8 areas - \$46 |
| <input type="checkbox"/> 4 areas - \$26 | <input type="checkbox"/> 9 areas - \$51 |
| <input type="checkbox"/> 5 areas - \$31 | <input type="checkbox"/> 10 areas - \$56 |
| <input type="checkbox"/> 6 areas - \$36 | <input type="checkbox"/> All 11 areas - \$61 |
| <input type="checkbox"/> 7 areas - \$41 | |

4 For copies, select your paper / sides / color

	1-Sided	2-Sided	Color
Black on white paper	<input type="checkbox"/> 7¢	<input type="checkbox"/> 12¢	
Black on pastel paper	<input type="checkbox"/> 9¢	<input type="checkbox"/> 14¢	_____
Black on Astrobrite paper	<input type="checkbox"/> 11¢	<input type="checkbox"/> 18¢	_____
Full color on white paper	<input type="checkbox"/> 29¢		

5 Tally your order

Your delivery rate = **3** _____

2 _____ X **4** _____ = _____

of copies \$ price/copy

Sales Tax (9.0% of copy cost only) = _____

Your Total Cost = _____

6 Payment Info (payment must accompany order)

- Cash Check (# _____)
- Visa/MC/Amex # _____
- Name on card: _____
- Billing Address: _____
- Expiration date: _____ CVV2 Code: _____
- Card on File Billing Zip Code: _____



7 Customer Information

Your Name: _____ Company: _____

Address: _____ Date: _____

City / State / Zip: _____

Phone: _____ Cell: _____ E-mail: _____