

SAGE® FLIP CATALOG ORDER FORM

COMPANY INFORMATION

DISTRIBUTOR SUPPLIER OTHER

COMPANY _____ ACCOUNT CONTACT _____

MAILING ADDRESS _____

CITY _____ STATE/PROVINCE _____ ZIP/POSTAL CODE _____

PHONE (_____) _____ FAX (_____) _____

EMAIL _____ WEB ADDRESS _____

SAGE# _____ UPIC# _____ PPAI# _____ ARA# _____ PSDA# _____ PPPC# _____

PRICING

	PRICE	AMOUNT	TOTAL
SAGE Flip Catalog	\$95 <i>Each</i>	X _____	= _____

DELIVERY FORMAT

Please choose one of the following:

- Native SWF Flash File**
This format provides you with a standard Flash file allowing you to incorporate your SAGE Flip Catalog into an existing website.
- Website Link**
This format provides you with an encrypted link that you can place on your website, email signatures, or anywhere that accepts a standard web link. Web Hosting is included FREE for 12 months.

Email address for delivery of the file or link: _____

ARTWORK PROCESS

1. Fax back the order form to 800.905.7243.
2. Once your order has been processed, you will receive a welcome email.
3. Provide your artwork as specified in the welcome email.

Artwork Specifications:

- File Size: Less than 15MB
- All pages must be uniform in dimensions
- Resolution: Minimum 150 dpi / Maximum 300 dpi
- No crop marks or bleeds
- All fonts fully embedded
- Any hyperlinks need to be in PDF file
(remember to include the http:// with your links
- Must be in Adobe PDF format
- RGB color
- No 2-page spreads
- All pages combined into one PDF file
- Text that can be searchable must be regular (not outlined or an image)

PAYMENT OPTION

Please make all checks payable to SAGE.

Sub Total Due \$ _____

TAX (Texas subscribers add 8.25% tax) \$ _____

Total Due (all pricing US) \$ _____

Check Mailed Separately Credit Card

_____	_____ / _____	_____	
Credit Card Number	Expiration Date	Signature for Credit Card	

Street or PO Box	City	State/Province	Zip/Postal Code

Printed Name on Credit Card: _____

CUSTOMER AGREEMENT

Please read the SAGE Customer Agreement (rev 7.1) ("Agreement") located at www.sageworld.com/legal. Your signature below indicates your acceptance of the entire Agreement on behalf of the company identified above and your representation that you have the authority to bind such company to the Agreement. If you cannot access or read the Agreement for **any reason**, please call us **before you sign** and we will provide you with a copy.

Signature _____	Title _____
Printed Name _____	Date _____



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