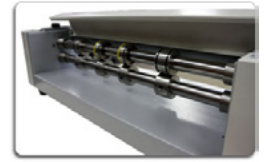


INTRODUCING... *the* CreaseStream Mini Desktop Creasing Machine - Response Form



Yes!

I'd like to take advantage of your **Special Introductory Pricing**.
Please send me the Desktop Creasing package checked below.



Questions? Call 973-383-7920 or email info@technifoldusa.com.

Please make your selection below and FAX the form to 973-383-7981

SELECT A PACKAGE	STANDARD	QUICK-FEED	AUTO-FEED	TOTAL
<input type="checkbox"/> Desktop Package #1 (check ONE circle below) <input type="radio"/> 1 Tri-Creaser <u>OR</u> <input type="radio"/> 1 Micro Perforator	_____ x \$2149 ea. = Total	_____ x \$3149 ea. = Total	_____ x \$6139 ea. = Total	
<input type="checkbox"/> Desktop Package #2 Equipped with 2 Tri-Creasers	_____ x \$2749 ea. = Total	_____ x \$3749ea. = Total	_____ x \$6749 ea. = Total	
<input type="checkbox"/> Desktop Package #3 Equipped with 1 Tri-Creaser + 1 Micro Perforator	_____ x \$2749 ea. = Total	_____ x \$3749 ea. = Total	_____ x \$6749 ea. = Total	
<input type="checkbox"/> Desktop Package #4 Equipped with Combo Crease + Perf Pkg. Can run 2 creases, OR 1 Crease + 1 Perf OR run single crease or perf	_____ x \$3049 ea. = Total	_____ x \$4049 ea. = Total	_____ x \$6949 ea. = Total	
<input type="checkbox"/> Desktop Package #5 Equipped with 2 Tri-Creasers + 1 Micro Perforator Can run 2 creases + 1 Perf, OR 1 Crease + 1 Perf OR 2 Creases, OR run single crease or perf	_____ x \$3349ea. = Total	_____ x \$4349 ea. = Total	_____ x \$7349 ea. = Total	

For Fastest Service FAX to 973-383-7981

or Call 973-383-7920

or Mail to
Technifold USA
 4 Wisteria Rd
 Lafayette NJ 07848

Shipping and Insurance

\$75.00

TOTAL Amount of Order

Company Info

Company Name _____

Your Name _____ Email _____

Phone _____ Fax _____

Street Address _____

City, State, Zip/Postal Code _____

Payment Method (Mark One)

YES! I'd like to split my order into 4 equal monthly credit card payments

COD (no extra charges!) Credit Card ___ M/C ___ Visa ___ Am Ex ___ Disc Prepaid Company Check
(sorry no COD available to Canada) (Payable to Technifold USA, Inc.)

Credit Card Number _____ Name on Card _____

Billing Address _____

Signature _____ Exp Date _____ CVV Code _____

Am Ex 4 digits on front
MC, Visa 3 digits on back