

## **STATIONERY**

<b>IHOP</b> RESTAURANT	FRANCHISE COMPANY NAME An International House of Pancakes, Inc. Franchisee Street Address City, State, Zip
Name Title	Phone Fax Pager (Optional) E-Mail(Optional)

Franchise Card

Business Cards are printed in two colors on front. The backs are optional (pictured right) and printed only in blue. If you have any questions about stock or custom designs, please call 888-588-6004.

No proofs will be sent on business card orders.

A proof can be faxed for an additional \$10 charge.

## **2-Color Business Cards**

Please Print Very Clearly

## **COPY FOR BUSINESS CARD**

Name			
Title			
Company Name			
Address			
City	State	Zip	
Phone	Fax		
Phone (specify)			
Phone (specify)			

			Option	act your local store for more in	nformation on.
ORDER FORM (/	Must Be Completely Fil	led In)	A	Store Tours     Birthday Parties	
				Catering     Fund Raising     Employment Opportun	nities
Date	Print Back	? Yes No			
Quantity 250 500	1000 Stock Back	(circle) A B C D			
				VERY IMPRESSI	VE!
Corp. Card Franchise Car	d Store		The D	feerionalism and dedication you s	s on the lookout
Contact Person			B your for in	rofessionalism and dedication you job is very impressive. IHOP is alway Idividuals who display these charac nyone you know like you, are ever lo nyone you know like you, are ever lo nyone you know like you, are ever lo nyone at your caliber.	boking for a new es itself on hiring
Company Name If Franchise Card			pos	ition, please give us a call to the please gi	
Phone	Fax				
				Anytime's a great tin	ne
Your Billing Address					
Company Name	Store #			Our store managers earn 30-501 22K Paid Comprehensive Training us insurance benefits	K per year ng
Address				22K Paid Completion Health insurance benefits Paid Vacation	
City	State Zip			Paid Vacadon     Flexible Hours	
Your Shipping Address (must	be a street address)			This card entitles bearer to ou FREE MEAL	
Company Name	Store #	ŧ		of their choice without restrict	ions.
Address			D		
City	State Zip		-	AUTHORIZED SIGNATURE	E
				Card does not expire.	
Method of Payment					
We have an open account with y	ου.		BUS	NESS CARDS	Please add
Credit CardDiscover	VisaMCAmEx		250	24.50	shipping charges of \$4.90
Acct. No.	Exp. Date	Security Code	<u></u> 500	32.00	<ul> <li>per order shipped</li> </ul>
Signature	· · · ·		1000	43.00 32.00	to the same address regardless
	ase Fax or Mail your order. You can em	ail conv in to	See 500	39.00	<ul> <li>of how many</li> <li>cards you order.</li> </ul>
customerservice@platinumnc.com, but	please be sure to include all the inforr	nation as show above.	<b>1000</b>	52.00	-
				4 E 000	REV 11/10
		lel: 888-	288-6004	4 🔶 Fax: 888-	-867-0563