



COLOR
PHOTOGRAPHERS

ORIGINATORS OF GENUINE NATURAL COLOR POST CARDS
AND LEADERS IN THIS FIELD SINCE 1932

PHONE NYACK 7-3500

WEST NYACK, N.Y.

May 21, 1958

Laura Gilpin
P. O. Box 1173
Santa Fe, New Mexico

Dear Miss Gilpin:

As requested in your recent letter we are re-
turning herewith the transparencies you asked
for, namely --

Card Number

8076 B

Very truly yours,
DEXTER PRESS, INC.

Ray Holtermann

RH/mb
Enc.
Registered Mail

USE SEPARATE ORDER FORM FOR EACH PRODUCT

Subject to Acceptance
By Dexter Press, Inc.
West Nyack, N. Y.Refer to Job No. below whenever
inquiring about order

DISTRIBUTOR

DATE OF ORDER _____

DATE RECEIVED _____

DATE WANTED _____

SHIP VIA _____

JOB NO.

CARD NO.

Commission Debit \$ _____ Credit \$ _____

ABOVE BOX FOR OFFICE USE ONLY

SOLD TO _____

NAME

SHIP TO _____

NAME

STREET OR ROUTE NO.

STREET OR ROUTE NO.

CITY & STATE

CITY & STATE

TERMS: ALL PRICES F.O.B. WEST NYACK, N. Y. Being Made to Order Merchandise a Deposit is Required on all Orders.

OVERS: YES ☐ NO ☐

| QUANTITY | PRODUCT NO. | DESCRIPTION | PRICE |
|----------|-------------|-------------|-------|
| | | | \$ |
| | | | |

EXTRAS

PHOTOGRAPHY

THIS ORDER AND COPY IS CORRECT AND IS OK'D BY

FIRM NAME

THIS FIGURE TO
BE ADJUSTED FOR
OVERAGE OR SHORTAGE
NOT TO EXCEED 10% ➔

TOTAL \$ _____

DEPOSIT _____

INDIVIDUAL

BALANCE C.O.D. \$ _____

PLUS TRANSPORTATION

CUSTOMER MUST SIGN ORDER BEFORE ACCEPTANCE BY DEXTER PRESS, INC.

M

STANDARD INSTRUCTIONS
(See Instructions on back of order)SPECIAL INSTRUCTIONS FOR PICTURE SIDE OF CARD

- ☐ Correspondence Layout
- ☐ Multiple Picture Layout
- ☐ Front Title
- ☐ Hole Punched
- ☐ Round Corners ☐ Sq. Corners
- ☐ Scoring
- ☐ Perforating
- ☐ Imprinting

Send Proof to ☐ Distributor ☐ Customer ☐ No ProofSPECIAL INSTRUCTIONS FOR COPYSend Proof to ☐ Distributor ☐ Customer ☐ No ProofSKETCH SPECIAL PICTURE
POSITION AND TITLESKETCH SPECIAL COPY
LAYOUT

COPY FOR CORRESPONDENCE SIDE OF CARD:

FRONT TITLE COPY

BE SURE TO READ COPY CAREFULLY TO AVOID ERRORS.

PRINT OR TYPE COPY CLEARLY TO AVOID ERRORS.

PUB. BY

Name and address of distributor to be printed on cards.

SHIPPED BY _____ DATE _____ CARD COUNT _____

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