

ORDER FORM

Fax: 913.837.3459

DATE OF ORDER		CONTACT PERSON		<input type="checkbox"/> NEW ORDER	<input type="checkbox"/> REORDER with changes <small>MAIL OR FAX A COPY OF THE FORM OR CHECK WITH CHANGES</small>
P.O. #		SHIP TO: <input type="checkbox"/> INTERNAL <input type="checkbox"/> CUSTOMER		<input type="checkbox"/> REORDER	<input type="checkbox"/> RUSH SERVICE Checks Only <small>NO CUSTOM LOGOS - ADDITIONAL CHARGE SEE BELOW</small>
CUSTOMER INFORMATION			FOR INTERNAL USE ONLY		
COMP ANY NAME			COMP ANY NAME		
STREET ADDRESS (REQUIRED FOR UPS SHIPMENT)			STREET ADDRESS (REQUIRED FOR UPS SHIPMENT)		
CITY, STATE AND ZIP			CITY, STATE AND ZIP		
PHONE NUMBER (INCLUDE AREA CODE) ()		FAX NUMBER (INCLUDE AREA CODE) ()		PHONE NUMBER (INCLUDE AREA CODE) ()	
SIGNATURE OF PURCHASER		EMAIL ADDRESS		SIGNATURE OF PURCHASER	
				EMAIL ADDRESS	

MANUAL FORMS Ordering Information							
QUANTITY	PRODUCT NUMBER	NUMBER OF PARTS	COLOR	DESCRIPTION	START CONSECUTIVE NUMBERING AT: (If not specified, number will start at 1001)	FREE BUSINESS DESIGN NUMBER	RETAIL PRICE
					<input type="checkbox"/> NO. _____ <input type="checkbox"/> Do Not Number		
					<input type="checkbox"/> NO. _____ <input type="checkbox"/> Do Not Number		

COMPUTER FORMS Ordering Information								
QUANTITY	PRODUCT NUMBER	NUMBER OF PARTS	COLOR	DESCRIPTION	SOFTWARE NAME	START CONSECUTIVE NUMBERING AT: (If not specified, number will start at 1001)	FREE BUSINESS DESIGN NUMBER	RETAIL PRICE
						<input type="checkbox"/> NO. _____ <input type="checkbox"/> Do Not Number		
						<input type="checkbox"/> NO. _____ <input type="checkbox"/> Do Not Number		

DESIGN-YOUR-OWN LABELS Ordering Information										
QUANTITY	PRODUCT NUMBER	SHAPE AND SIZE	LABEL COLOR	LABEL STOCK TYPE	INK COLORS		LAYOUT LETTER	TYPESTYLE	FREE BUSINESS DESIGN NUMBER	RETAIL PRICE
					COLOR 1	COLOR 2				

IMPRINT INFORMATION			
<input type="checkbox"/> USE SAMPLE ENCLOSED	<input type="checkbox"/> USE CUSTOM LOGO	<input type="checkbox"/> PRINT AS SHOWN on Product Illustration WITH WORDING SHOWN BELOW	
COMP ANY NAME			
ADDITIONAL ADDRESSING LINE TO BE PRINTED			
ADDRESS			
CITY, STATE AND ZIP			
PHONE NUMBER (INCLUDE AREA CODE) ()		FAX NUMBER (INCLUDE AREA CODE) ()	
E-MAIL ADDRESS			

OPTIONAL EXTRA IMPRINTING	
<input type="checkbox"/> Business Design/National Trademark <small>For National Trademarks, please enclose a black and white camera ready sample.</small>	FREE
<input type="checkbox"/> Custom Logo - Allow Extra Delivery Time <small>Refer to the ordering section of the Quality Business Printing Catalog for important information.</small>	
<input type="checkbox"/> Extra lines of Type <small>\$9.00/product. Specify wording in OSpecial Instructions.</small>	
For Checks: <input type="checkbox"/> Additional Signature Line <input type="checkbox"/> Subheading Above Signature Line <input type="checkbox"/> Reverse Numbering (Laser Checks Only)	FREE
<input type="checkbox"/> RUSH SERVICE - Checks Only <small>\$15.00 plus overnight shipping cost. No Custom Logos.</small>	

HOW TO ORDER CHECKS AND DEPOSIT TICKETS

BY FAX: Send your completed Order Form with a sample check (for check orders) or a sample deposit ticket (for deposit tickets) marked VOID.

BY PHONE: 1) Before calling us, please have ready a check (if ordering checks), deposit ticket (if ordering deposit tickets) or completed MICR specification sheet for bank routing numbers and bank imprint information. 2) Find these symbols (AA) on your check and line them up with the boxes below. 3) Then simply copy all the numbers to the right of each symbol, leaving a blank box where there is a space. Substitute the letter C for the symbol (C), and the letter D for the symbol (D). HAVE THIS AVAILABLE WHEN SPEAKING WITH OUR SALES REPRESENTATIVES.

Please Note: Any numbers to the left of this first symbol (A) are not needed for processing your order. Be sure to specify consecutive numbering.

FOR CHECKS:

C = 43 42 41 40 39 38 37 36 35 34 33 32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17 16 15 14 13

D = 43 42 41 40 39 38 37 36 35 34 33 32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17 16 15 14 13

FOR DEPOSIT TICKETS:

C = 43 42 41 40 39 38 37 36 35 34 33 32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17 16 15 14 13

D = 43 42 41 40 39 38 37 36 35 34 33 32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17 16 15 14 13

DEPOSIT TICKETS REQUIRING ADDITIONAL NUMBER POSITIONS, PLEASE SEND A SAMPLE WITH YOUR ORDER.

BANK IMPRINT INFORMATION	
BANK NAME	BANK STREET ADDRESS
BANK CITY, STATE AND ZIP	BANK PHONE NUMBER

TOTALING YOUR ORDER	
RETAIL PRICE	
LOCAL TAX	
SHIPPING & HANDLING <small>CALL FOR ESTIMATE</small>	
TOTAL	
SPECIAL INSTRUCTIONS	Attach additional sheet if necessary

