

CUSTOM STAMP ORDER FORM

2 QUANTITY _____

One custom stamp per order form **UNLESS** multiple orders for same copy.

1 DEALER

ADDRESS _____

CITY/STATE/ZIP _____

PHONE _____ FAX _____

PO NUMBER _____ ORDER DATE _____

<input type="checkbox"/> SELF-INKING	<input type="checkbox"/> PRE-INKED	<input type="checkbox"/> PLASTIC DATERS	<input type="checkbox"/> METAL DATERS	<input type="checkbox"/> EMBOSSERS
 ITEM # _____ INK COLOR _____	 ITEM # _____ INK COLOR _____	 ITEM # _____ INK COLOR _____	 ITEM # _____	 ITEM # _____
<input type="checkbox"/> TRADITIONAL	<input type="checkbox"/> STAMP PADS	<input type="checkbox"/> SELF INKING REPLACEMENT PADS	<input type="checkbox"/> INK BOTTLES	<input type="checkbox"/> REPLACEMENT DIE
 SIZE _____ x _____ # OF LINES _____	 ITEM # _____ INK COLOR _____	 MODEL # _____ INK COLOR _____	 <input type="checkbox"/> Self Inker 6cc <input type="checkbox"/> Self Inker 2 oz <input type="checkbox"/> Pre-Inked 1/2 oz <input type="checkbox"/> Pre-Inked 2 oz INK COLOR _____	<input type="checkbox"/> POLYMER DIE ONLY <input type="checkbox"/> REMOUNT ON SELF INKER SIZE _____ x _____ # OF LINES _____

SPECIAL INSTRUCTIONS AND CUSTOM SERVICES

4

LINE NO.	TYPE STYLE CODE	POINT SIZE	1. Print copy clearly on lines below in proper sequence and in approximate position each line is to appear. 2. Indicate Typestyle and Point Size in left columns. 3. Attach previously printed sample if possible and mark changes wanted. 4. If no typestyle is indicated, Helvetica (HE551) will be used.
5 1st Line			
2nd Line			
3rd Line			
4th Line			
5th Line			
6th Line			
7th Line			
8th Line			
9th Line			

6

PROOF
 DROP SHIP
 CAMERA READY PROVIDED
 FILE PROVIDED
 Disk Attached
 Emailed Date & Time

TYPESTYLE: _____

TYPE ALIGNMENT
 CENTERED
 FLUSH LEFT
 FLUSH RIGHT

TYPE SIZE
Type will be sized to fit the image area unless otherwise indicated. If requested size doesn't fit:
 Change Type Size
 Change Size of Mount/ Machine

PRICING INFORMATION

BASE PRICE _____

CUSTOM SERVICES _____

TOTAL COST _____

DATE _____ SALESPERSON _____

I have proofed the above copy and accept full responsibility for its accuracy.

CUSTOMER APPROVAL _____

FOR OFFICE USE ONLY