

CUSTOM PRODUCTS ORDER FORM

BILLING INFORMATION

Company: _____
 Person Ordering: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: (____) ____-____ Fax: (____) ____-____
 e-mail: _____

SHIPPING INFORMATION

Check here if same as Billing Information

Company: _____
 Attention: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: (____) ____-____ Fax: (____) ____-____

ORDER DATE

SHIP DATE

SHIP VIA

P.O. NUMBER

REQUISITION No.

STEP

1

QTY: _____ PRODUCT CODE: _____ INK COLOR: _____

(If applicable)

When Ordering a two-Color pad,
 1st color: TEXT 2nd color: DATE

STEP

2

LAYOUT:

Flush Left Border
 Center As per sample

Note:

- *Please write clearly.
- *If a Layout or Style Code is not specified we will manufacture your stamp in ARIAL, ALL CAPS and CENTERED.
- *If an Ink Color is not specified we will use BLACK ink.

Style Code	ALL CAPS	Upper/Lower
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

STEP

3 COPY

Special Instructions:

TYPE STYLES:

Style Code	Style Name
AR	ARIAL
ARB	ARIAL Bold
ARI	ARIAL Italic
ARBI	ARIAL Bold Italic

Style Code	Style Name
TNR	TIMES New Roman
TNRB	TIMES New Roman Bold
TNRI	TIMES New Roman Italic
TNRBI	TIMES New Roman Bold Italic

Style Code	Style Name
ARN	ARIAL Narrow
ARNB	ARIAL Narrow Bold
ARNI	ARIAL Narrow Italic
ARNBI	ARIAL Narrow Bold Italic

*Photocopy this form for additional orders