

## 1 FILL IN COMPANY INFORMATION HERE

DATE

AREA CODE      PHONE NUMBER      FAX NUMBER      AUTHORIZED SIGNATURE

email

ACCOUNTING SOFTWARE USERS:  
 Which software do you use?

### BILL TO: DO NOT USE FOR PRODUCT IMPRINT INFORMATION.

### SHIP TO: Fill in only if different from billing address. For fast delivery, use street address — no P.O. Box.

Delivery Options  One-Day Air  Two-Day Air  Standard Ground  
 (Additional shipping charges will be added to your invoice). See Ordering Information.

COMPANY NAME \_\_\_\_\_

STREET (PO BOX HOLDER, please include street address) \_\_\_\_\_ FLOOR, ROOM or SUITE NUMBER \_\_\_\_\_

CITY AND STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

ATTENTION \_\_\_\_\_ TITLE \_\_\_\_\_

COMPANY NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ FLOOR, ROOM or SUITE NUMBER \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

## 2 ORDER ALL PRODUCTS HERE EXCEPT Stationery and Business Cards (see below)

SELECT OPTIONS FOR EACH PRODUCT AS SPECIFIED IN CATALOG.

QTY.	PRODUCT NUMBER	DESCRIPTION	LAYOUT	INK/ PAPER COLOR(S)	STARTING NUMBER FOR CONSECUTIVE OR REVERSE NUMBERING		IMPRINTED ENVELOPES* (✓)	SIZE	CLOTHING COLOR	TYPESTYLE NUMBER	BUSINESS DESIGN** NUMBER	\$ AMOUNT
					CONSEC. #	REVERSE #						

### ORDER STATIONERY/BUSINESS CARDS HERE:

QTY.	PRODUCT NUMBER	DESCRIPTION	1 PAPER		2 LAYOUT	3 INK		4 TYPESTYLE NUMBER	5 BUSINESS DESIGN** NUMBER	\$ AMOUNT
			COLOR	FINISH		COLOR(S)	FINISH RAISED OR FLAT			

### PAYMENT METHOD:

CARD NUMBER \_\_\_\_\_

Month / Year \_\_\_\_\_  
 Expiration Date

VISA®     MasterCard®     American Express®  
 Discover®     PayPal     Check By Phone

Check # \_\_\_\_\_

Your order, plus shipping and processing, will be charged to your credit card

NAME \_\_\_\_\_  
 PLEASE PRINT AS SHOWN ON CREDIT CARD.

SIGNATURE \_\_\_\_\_  
 AS SHOWN ON CREDIT CARD.

### IMPRINT EXTRAS:

	\$ AMOUNT
<input type="checkbox"/> FREE BUSINESS DESIGN	NO CHARGE
<input type="checkbox"/> YOUR OWN COMPANY LOGO	NO CHARGE
<input type="checkbox"/> EXTRA WORDING For terms, etc, \$9.00 additional charge per product.	

We are required to charge state, county or local sales tax, based on your state regulations.	TAX	
No C.O.D. orders, please. Shipping and processing charges added to invoice. THANK YOU!	TOTAL	

## ORDERING CHECKS & DEPOSIT TICKETS


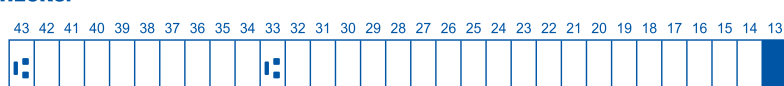
Reverse numbering available on all laser checks. Call for details.  
**BY MAIL OR FAX:** Send your completed Order Form with a sample check (for check orders) and a sample deposit ticket (for deposit ticket orders) marked "VOID." For new bank accounts, include a MICR specification sheet (filled out by your bank). FAX TOLL-FREE 1-800-797-2497

**BY PHONE:** Please have a sample check ready (if ordering checks), a sample deposit ticket (if ordering deposit tickets), or a MICR specification sheet filled out by your bank for bank routing numbers and bank imprint information. Then call us at 1-800-770-3466 and a sales representative will help you line up your check or deposit ticket with this MICR grid.



**ONLINE:** Mark one of your current checks/deposit tickets with "VOID". Fax to PCS at 1-800-797-2497.

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

#### FOR CHECKS:

C=  

#### FOR DEPOSIT TICKETS:

C=  

## 3 IMPRINT INFORMATION:

Attach a printed sample to Order Form or fill in wording below. Type or print all requested information clearly. If you need more space, please attach a separate sheet.

IMPRINT FOR PRODUCT(S) # \_\_\_\_\_

Line 1 \_\_\_\_\_

Line 2 \_\_\_\_\_

Line 3 \_\_\_\_\_

Line 4 \_\_\_\_\_

Line 5 \_\_\_\_\_

Line 6 \_\_\_\_\_