



# CUSTOM STAMP ORDER FORM

QUANTITY \_\_\_\_\_

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

DEALER	
ADDRESS	
CITY/STATE/ZIP	
PHONE	FAX
ACCT. #	P.O. NUMBER

 PSI # _____ INK COLOR _____	 XL # _____ INK COLOR _____	 NSP# _____ INK COLOR _____	 INK COLOR _____	 DATER# _____	 ITEM# _____
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MISCELLANEOUS	TYPE ALIGNMENT	TYPE SIZE	TYPESTYLES
<input type="checkbox"/> Proof - \$10.00 <input type="checkbox"/> Special Typesetting - \$10.00 <input type="checkbox"/> 1/4 oz. Refill Ink (Maxlight) <input type="checkbox"/> 2 oz. Refill Ink (Maxlight) <input type="checkbox"/> Other _____	<input type="checkbox"/> Flush LEFT <input type="checkbox"/> Flush RIGHT <input type="checkbox"/> CENTERED <b>DESIGN SPECIFICATIONS</b> <input type="checkbox"/> Return Art <input type="checkbox"/> Camera-ready art attached (black & white at actual size)	<i>Type will be sized to fit the image area, unless otherwise indicated. The type size will determine the length of the stamp. If requested size doesn't fit:</i>  <input type="checkbox"/> Change Type Size <input type="checkbox"/> Change Size of Mount/Machine	<b>Indicate Type Code Below:</b>  AG551    DALE WILLIAMS 1234 MAIN STREET YOUR TOWN, USA 98765  EU551    DALE WILLIAMS 1234 MAIN STREET YOUR TOWN, USA 98765  EU651 <b>DALE WILLIAMS</b> <b>1234 MAIN STREET</b> <b>YOUR TOWN, USA 98765</b>  HE551    DALE WILLIAMS 1234 MAIN STREET YOUR TOWN, USA 98765  HE651 <b>DALE WILLIAMS</b> <b>1234 MAIN STREET</b> <b>YOUR TOWN, USA 98765</b>  HE661 <b>DALE WILLIAMS</b> <b>1234 MAIN STREET</b> <b>YOUR TOWN, USA 98765</b>  TR551    DALE WILLIAMS 1234 MAIN STREET YOUR TOWN, USA 98765  TR561 <i>DALE WILLIAMS</i> <i>1234 MAIN STREET</i> <i>YOUR TOWN, USA 98765</i>  TR651 <b>DALE WILLIAMS</b> <b>1234 MAIN STREET</b> <b>YOUR TOWN, USA 98765</b>  TR661 <i>DALE WILLIAMS</i> <i>1234 MAIN STREET</i> <i>YOUR TOWN, USA 98765</i>

SPECIAL INSTRUCTIONS AND CUSTOM SERVICES	
ALL CAPS    Default is "Caps" if Upper/Lower    nothing is specified	

LINE NO.	TYPE STYLE CODE	POINT SIZE	
1st Line			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.
2nd Line			
3rd Line			
4th Line			
5th Line			
6th Line			
7th Line			
8th Line			
9th Line			

LOCAL FAX NUMBER <b>(248) 624-8392</b>
TOLL-FREE FAX NUMBER <b>(800) 287-6909</b>

DATE	SALESPERSON
I have proofed the above copy and accept full responsibility for its accuracy.	
CUSTOMER APPROVAL _____	
<b>WE RETAIN CUSTOMER FILES FOR 30 DAYS</b>	

FOR OFFICE USE ONLY
ORDER NO.
VERIFIED
ROUTE STAMP