

FAX THIS FORM TO: (404) 875-2623

DATE _____

PURCHASE ORDER # _____



SALES REP # _____

FAX ORDER FORM

Stamps ♦ Engraving ♦ Corporate / Notary Seals

CUSTOMER INFORMATION:

COMPANY _____ ACCOUNT # _____ P.O. # _____ DEPT. _____

CONTACT _____ PHONE # _____ FAX # _____

SHIP TO: _____

Stamps:

- | | | | | |
|---|------------------------------------|-----------------|--------------------------|---|
| <input type="checkbox"/> Rubber | <input type="checkbox"/> Die Plate | Quantity _____ | Type Style _____ | <input type="checkbox"/> All Caps |
| <input type="checkbox"/> Self-Inking
(Ideal & Cosco) | <input type="checkbox"/> Other | Ink Color _____ | Impression
Size _____ | <input type="checkbox"/> Upper & Lower Case |
| <input type="checkbox"/> Pre-Ink (Star & Royal Mark) | <input type="checkbox"/> X-Stamper | | | <input type="checkbox"/> Center Alignment |
| <input type="checkbox"/> Trodat / dater (Self-Inking) | | | | <input type="checkbox"/> Flush Left Alignment |

Engraving:

- | | |
|---|---|
| <input type="checkbox"/> Plate | <input type="checkbox"/> 2x10 |
| <input type="checkbox"/> Insert Only | <input type="checkbox"/> 2x8 |
| | <input type="checkbox"/> Custom _____ |
| <input type="checkbox"/> Desk Holder | |
| <input type="checkbox"/> Wall Holder | <input type="checkbox"/> Adhesive Backing |
| <input type="checkbox"/> Cubicle Holder | <input type="checkbox"/> Velcro Strips |

Color _____ With _____
(Background) (Letters)

Seals:

- | |
|------------------------------------|
| <input type="checkbox"/> Notary |
| <input type="checkbox"/> Library |
| <input type="checkbox"/> Corporate |
| <input type="checkbox"/> Other |

Ink Pads:

Quantity _____
Ink Color _____

Custom Imprint Information: