

Company Name: _____ Contact Name: _____ Address: _____ _____ State: _____ P/C _____ Ph: _____ Mob: _____ Email/Fax: _____	Pay by: Card D/Deposit <i>(Office use only)</i> Price: _____ _____ Delivery: \$ _____ Total Paid: \$ _____	Date: _____ Client Order No: _____ _____ Order Taken by: _____
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<input type="checkbox"/> Self Inking Size: _____ Qty: _____ Black Blue Purple Green Red Other: _____	<input type="checkbox"/> Vue Stamp Size: _____ <input type="checkbox"/> Common Seal _____ <input type="checkbox"/> Replacement Polymer Only	<input type="checkbox"/> Wood Mount Letter: _____ Size: _____ Quantity: _____	
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Special Instructions <input type="checkbox"/> Centre <table style="font-size: small; display: inline-table; vertical-align: middle;"><tr><td>XXXXX</td></tr><tr><td>XXX</td></tr><tr><td>X</td></tr></table> <input type="checkbox"/> Flush Left <table style="font-size: small; display: inline-table; vertical-align: middle;"><tr><td>XXXXX</td></tr><tr><td>XXX</td></tr><tr><td>X</td></tr></table> <input type="checkbox"/> Flush Right <table style="font-size: small; display: inline-table; vertical-align: middle;"><tr><td>XXXXX</td></tr><tr><td>XXX</td></tr><tr><td>X</td></tr></table> <input type="checkbox"/> Border _____	XXXXX	XXX	X	XXXXX	XXX	X	XXXXX	XXX	X	Proof Required Will take longer and price may change. Proof will be made if left blank. First 3 proofs are free, thereafter \$5 ea yes <input type="checkbox"/> no <input type="checkbox"/>	Font Case Please specify for each line below Title Case <input type="checkbox"/> CAPS <input type="checkbox"/> lower case <input type="checkbox"/>	Typestyle ie Font, Bold, italic from our sample charts
XXXXX												
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Line	B	I	Please write text you'd like on the stamp below, per line
1			
2			
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4			
5			
6			
7			
8			

PAYMENT
(Office use only: stamp payment stamp here)