

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"/> <b>Self Inking</b> Size: _____ Qty: _____ Black Blue Purple Green Red Other: _____	<input type="checkbox"/> <b>Vue Stamp</b> Size: _____ <input type="checkbox"/> Common Seal _____ <input type="checkbox"/> Replacement Polymer Only	<input type="checkbox"/> <b>Wood Mount</b> Letter: _____ Size: _____ Quantity: _____	
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<b>Special Instructions</b> <input type="checkbox"/> Centre $\begin{matrix} \text{XXXXX} \\ \text{XXX} \\ \text{X} \end{matrix}$ <input type="checkbox"/> Flush Left $\begin{matrix} \text{XXXXX} \\ \text{XXX} \\ \text{X} \end{matrix}$ <input type="checkbox"/> Flush Right $\begin{matrix} \text{XXXXX} \\ \text{XXX} \\ \text{X} \end{matrix}$ <input type="checkbox"/> Border _____	<b>Proof Required</b> 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"/>	<b>Font Case</b> Please specify for each line below Title Case <input type="checkbox"/> CAPS <input type="checkbox"/> lower case <input type="checkbox"/>	<b>Typestyle</b> ie Font, Bold, italic from our sample charts
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Line	B	I	Please write text you'd like on the stamp below, per line
1			
2			
3			
4			
5			
6			
7			
8			

**PAYMENT**  
*(Office use only: stamp payment stamp here)*