Stamp and Sign Order Form

☐ Quote Only ☐ Proof Only

Order Date

Photocopy This Form For Future Use

Contact:
(Your name)
Company Name:
Phone:
EMAIL:
Fax:

Please Provide Any Billing Information Necessary To Process This Order

Purchase Order #: _____

Account #: _____

Cost Ctr: _____ Dept: _____

Other: _____

SHIP TO:

BILL TO (If different):

☐ **Please Bill My Account**
☐ **Please Bill My Credit Card**

Account #: _____

Credit #: - - -

Exp. Date

STAMPS & DATERS

Item #	Quantity

☐ Black ☐ Blue ☐ Violet ☐ Red ☐ Green

2 Color Dater: (Text/Date)
☐ Black/Red ☐ Blue/Red

If not marked, Black will be used

Typeface Information & Layout

☐ REG BLOCK
☐ **BOLD**
☐ *SCRIPT*
☐ ROMAN SERIF

☐ Centered ☐ Flush Left ☐ Flush Right ☐ Shrink to Fit ☐ Fill Stamp

☐ Upper/Lower ☐ ALL CAPS ☐ Border ☐ Match Sample ☐ Signature Stamp

If not marked, Block, All Caps, and Centered will be used

REPLACEMENT INK & PADS

Item #	Stamp Item #	Qty.

☐ Black ☐ Blue ☐ Violet ☐ Red ☐ Green

2 Color Dater: (Text/Date)
☐ Black/Red ☐ Blue/Red

SIGNS

Item #	Quantity

Color #	Holder/Frame Color (If Applicable)

☐ Holder/Frame Only ☐ Name Plate Only

☐ Company Template On File

Typeface Information & Layout

☐ REG BLOCK
☐ GOTHIC
☐ ROMAN SERIF
☐ HELVETICA

☐ Centered ☐ Flush Left ☐ Flush Right

☐ Upper/Lower ☐ ALL CAPS ☐ Match Sample

Badge Corners
☐ Rounded ☐ Square

Wall Mountings For Signs
☐ 2 Sided Tape ☐ Velcro Strips *Additional Charge*
☐ Screw Holes ☐ Magnetic Tape *Additional Charge*

NAME BADGES

Item #	Quantity

Color #

☐ Company Logo on File

☐ Safety Pin Back ☐ Swivel Bulldog Clip
☐ Military Clutch ☐ Magnetic Bar *Additional Charge*

COPY DESIRED - PLEASE PRINT NEATLY OR ATTACH SAMPLE

EMBOSSERS

Item #	Layout #	Quantity

Embosser Positions

Round Embossers
☐ Left ☐ Right ☐ Top ☐ Bottom

Rectangle Embossers
☐ Top ☐ Bottom ☐ Envelope Flap

STOCK PRODUCTS

Item #	Quantity

Special Instructions