



# CHECKING ITEMS

## ORDER FORM

DATE OF ORDER

CONTACT PERSON

REFERENCE # (calstamp use only)

ORDER NO # (calstamp use only)

NEW ORDER     REORDER

**REORDER with changes**  
 FAX, SCAN OR EMAIL A COPY OF THE FORM / CHECK WITH CHANGES TO: [SUPPORT@CALSTAMP.COM](mailto:SUPPORT@CALSTAMP.COM)  
**FAX THIS FORM TO: (800) 345-8541**

**Need Help? Want to talk to a person?  
 Call Us! (800)373-5614**

### ORDER BILLING INFORMATION

Customer Account to be billed

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
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|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Bank / Branch Account

COMPANY NAME

### ORDER SHIPPING INFORMATION

**CHECK HERE IF SHIPPING INFO IS SAME AS BILLING**

CUSTOMER EMAIL ADDRESS **\*\* (REQUIRED FOR FULFILLMENT)\*\***

COMPANY NAME

STREET ADDRESS (REQUIRED FOR UPS / FEDEX SHIPMENT)

CITY, STATE, AND ZIP

PHONE (INCLUDE AREA CODE)      FAX (INCLUDE AREA CODE)

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### CHECK PRODUCTS    HIGH-SECURITY FORMAT    LASER FORMAT    CONTINUOUS FORMAT

| PRODUCT ID | QTY | # of PARTS | COLOR | DESCRIPTION | SOFTWARE | STARTING NUMBER<br><small>(if BLANK, number will start at 1001)</small> | LOGO # | TYPESET | LIST PRICE |
|------------|-----|------------|-------|-------------|----------|-------------------------------------------------------------------------|--------|---------|------------|
|            |     |            |       |             |          | <input type="checkbox"/> # _____ <input type="checkbox"/> Do Not Number |        |         |            |
|            |     |            |       |             |          | <input type="checkbox"/> # _____ <input type="checkbox"/> Do Not Number |        |         |            |
|            |     |            |       |             |          | <input type="checkbox"/> # _____ <input type="checkbox"/> Do Not Number |        |         |            |

### DEPOSIT TICKETS, ENVELOPES, BANK STAMPS, BAGS & OTHER ITEMS

| PRODUCT ID | QTY | # of PARTS | COLOR | DESCRIPTION | LOGO # | TYPESET | LIST PRICE |
|------------|-----|------------|-------|-------------|--------|---------|------------|
|            |     |            |       |             |        |         |            |
|            |     |            |       |             |        |         |            |
|            |     |            |       |             |        |         |            |

### IMPRINT INFORMATION

**USE SAMPLE ENCLOSED**     **PRINT AS SHOWN on Product Illustration** WITH WORDING SHOWN BELOW

COMPANY NAME

SLOGAN / ADDITIONAL ADVERTISING LINE TO BE PRINTED

ADDRESS

CITY, STATE, AND ZIP

PHONE NUMBER      FAX NUMBER      EMAIL ADDRESS

|                                                                                              |
|----------------------------------------------------------------------------------------------|
| 43 42 41 40 39 38 37 36 35 34 33 32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17 16 15 14 13 |
|                                                                                              |

YOUR BANK ROUTING NUMBER      YOUR CHECK ORDER ACCOUNT NUMBER **TO BE IMPRINTED**

### OPTIONAL / EXTRA IMPRINTING

**For Checks:**

Additional Signature Line

Message Above Signature Line

Reverse Collation (Laser Checks Only)

### TOTALING YOUR ORDER

|                                                 |                 |
|-------------------------------------------------|-----------------|
| <b>SUB-TOTAL</b>                                |                 |
| <b>STANDARD SHIPPING (7 - 10 BUSINESS DAYS)</b> | <b>INCLUDED</b> |
| <b>DISCOUNTS</b>                                |                 |
| <b>TOTAL PRICE (LOCAL TAXES INCLUDED)</b>       |                 |

**EXPEDITED SHIPPING SERVICES AVAILABLE** - Please Call for further details.