CUSTOM PRODUCTS ORDER FORM

BILLING INFORMATION

Company:_____

Person Ordering:_____

Address:_____

City:_____State:____Zip:_____

Phone: (___) ___-_____Fax: (___) ___-_____

e-mail:_____

SHIPPING INFORMATION

❒ Check here if same as Billing Information

Company:_____

Attention:_____

Address:_____

City:_____State:____Zip:_____

Phone: (___) ___-_____Fax: (___) ___-_____

ORDER DATE	SHIP DATE	SHIP VIA	P.O. NUMBER	REQUISITION NO.

STEP 1

QTY:_____PRODUCT CODE:_____INK COLOR:_____

(If applicable)

When Ordering a two-Color pad, 1st color: TEXT 2nd color: DATE

STEP 2

LAYOUT: _____ ❒

❒ Flush Left ❒ Border

❒ Center ❒ As per sample

Note:

*Please write clearly.

*If a Layout or Style Code is not specified we will manufacture your stamp in ARIAL, ALL CAPS and CENTERED.

*If an Ink Color is not specified we will use BLACK ink.

STEP 3 COPY

Style Code	ALL CAPS	Upper/ Lower	

Special Instructions:

TYPE STYLES:

Style Code	Style Name	Style Code	Style Name	Style Code	Style Name
AR	ARIAL	TNR	TIMES New Roman	ARN	ARIAL Narrow
ARB	**ARIAL Bold**	**TNRB**	**TIMES New Roman Bold**	**ARNB**	**ARIAL Narrow Bold**
ARI	*ARIAL Italic*	*TNRI*	*TIMES New Roman Italic*	*ARNI*	*ARIAL Narrow Italic*
ARBI	***ARIAL Bold Italic***	***TNRBI***	***TIMES New Roman Bold Italic***	***ARNBI***	***ARIAL Narrow Bold Italic***

Photocopy this form for additonal orders