ORDER FORM

BILLING INFORMATION

Company:_____

Person Ordering:_____

Address:_____

City:_____ State:____ Zip:_____

Phone:_____

E Mail:_____

P.O. #:_____

SHIPPING INFORMATION

☐ *Check here if same as Billing Information*

Company:_____

Attn:_____

Address:_____

_____

City:_____ State:____ Zip:_____

PROD #	LAYOUT	TYPESTYLES
	☐ Left ☐ Center ☐ Right ☐ Other (Please attach instructions)	TYPE CODE / TYPE CODE A ARIAL — TM TIMES AR-1 *ARIAL ITALIC* — TM-I *TIMES ITALIC* AR-B **ARIAL BOLD** — TM-B **TIMES BOLD**
QTY.	**INK COLOR**	
	☐ Black ☐ Blue ☐ Violet ☐ Red ☐ Green	

COPY

TYPE CODE	ALL CAPS	UPPER/ LOWER	

SPECIAL INSTRUCTIONS

REFILL INK

TYPE	SIZE	QTY.	COLOR				
TRODAT	2/3 OZ.		BLACK	BLUE	RED	GREEN	VIOLET
MAXLIGHT	1/2 OZ.		BLACK	BLUE	RED	GREEN	VIOLET
XSTAMPER	10 ML		BLACK	BLUE	RED	GREEN	VIOLET
XSTAMPER	20 ML		BLACK	BLUE	RED	GREEN	VIOLET