CUSTOM PRODUCTS ORDER FORM

BILLING INFORMATION Company: Person Ordering: Address: City: State: Zip: Phone: email: Order Date Ship Date S		Comp	- Attn: Address: State: Zip:		
1 QTY: PRODUCT CODE: INK COLOR: When ordering a 2-color pad 1st Color: Text 2nd Color: Date					
Flush Left Border Center As per sample			Note: * Please write clearly - Include all punctuation * 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		
STYLE CAPS Low		<u>3</u>	COPY		
Special Instructions:					•
TYPESTYLES: STYLE STYLE NAME AR - ARIAL ARB - ARIAL Bold ARI - ARIAL Italic ARBI - ARIAL Bold	TNR - T TNRB - T TNRI - T	TYLE NAME TIMES New Rom	nan Bold Al	ARN - ARI RNB - ARI ARNI - ARI	LE NAME AL Narrow AL Narrow Bold AL Narrow Italic IAL Narrow Bold Italic

Photocopy this form for additional orders