Date _____ Date Received _____

Express Stamp Order Form

SELF INKING

Size		Color	
50	☐	Black	☐
100	☐	Red	☐
200	☐	Blue	☐
300	☐		

Model _____

Quantity _____

STAMP PADS

Size		Color	
#1	Felt ☐	Black	☐
#2	Felt ☐	Red	☐
#3	Felt ☐	_____	☐

Other Product _____

Quantity _____

WOOD MOUNT

of lines _____

Size: _____" x _____"

Match Sample Supplied ☐

Quantity _____

STAMP INK

6 cc	☐	Black	☐
1/2 oz. (Ultimark)	☐	Red	☐
2 oz.	☐	Blue	☐
		_____	☐

Ideal _____

Quantity _____ Ultimark _____

Secure Artwork or Signature Here

CAUTION!!!!! PROOFREAD CAREFULLY
SPECIFIC RESULTS REQUIRE SPECIFIC INSTRUCTIONS
(every letter and punctuation mark)
We do not assume responsibility for complications resulting from composition errors.

OTHER PRODUCT

Ultimark Model _____

Color _____

Other _____

Quantity _____

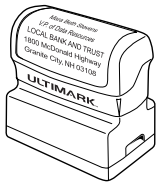
Additional Instructions _____

_____

_____

_____
CUSTOMER AUTHORIZATION

Stock Art # _____
(Indicate Position in Layout Area)



Typestyle _____

Point Size _____
(Optional)

Center ☐
Flush Left ☐
Flush Right ☐

All Caps ☐
U/L Case ☐

DUPLICATE STAMP	NO OF SETS	OP	SCANNING	GRAPHICS	TYPE	PROOF/1	CORRECT	PROOF/2	EXPOSURE	ASSEMBLY
X										

DEALER NAME DO NOT USE AS A DROP SHIP LABEL
YOU MUST FILL THIS OUT TO RECEIVE YOUR ORDER

Contact _____
FOR QUESTIONS REGARDING THIS ORDER

Telephone ( ) _____

Dealer _____

Address _____
THIS IS YOUR ACCOUNT NUMBER

City_____ **State**_____ **Zip**_____

Check One

☐ **Delivery**

☐ **Ship UPS**

☐ **Pick-Up**

☐ **Drop Ship (Attach Label)**

BCE USE ONLY