

ORDER FORM

CUSTOMER _____ DATE _____ TELEPHONE _____ PO # _____

<p style="text-align: center;">STAMPS</p> <p>Qty _____ Style _____ Rubber _____ Alignment _____ L R C Self Ink _____ Color CAPS _____ B R BLU G Caps/Lcase _____</p>	<p style="text-align: center;">SIGNS</p> <p>Qty _____ Desk _____ Size _____ Wall _____ Color _____ Plate Only _____ Wood _____ Gold _____ Silver _____ Tape _____ Holes _____</p>	<p style="text-align: center;">BADGES</p> <p>Qty _____ Size _____ Color _____ Backing Mag. Pln Post Clip</p>	<p style="text-align: center;">SEALS</p> <p>Emb. _____ Rubber _____ Self Inking _____ Color B R BL G</p>
<p><u>SPECIAL INSTRUCTIONS</u></p> <p>Length → Height ↑</p>			<p style="text-align: center;">DIE PLATE DATERS</p> <p>401 1/4 _____ 401 1/2 _____ NO. 1 _____ NO. 2 _____ NO. 4 _____</p> <p style="text-align: center;">Trodat Self Inking Daters 5430 _____ COLOR 5440 _____ B R 5460 _____ R/BL</p>

CUSTOMER SIGNATURE/APPROVAL _____

"I have reviewed and approve the above information and have made any necessary corrections."

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