

1. CUSTOMER / SHIPPING INFORMATION

Please print clearly. Indicate street address for delivery.

Company name _____
 Attention _____
 Address _____
 Floor, suite or room _____
 City, State and Zip _____
 Daytime phone number (_____) _____
 Fax number (_____) _____
 E-mail address _____
 Type of business _____
 Type of printer: Impact/Continuous Ink Jet Laser

2. BILL TO (If different from shipping)

Company name _____
 Attention _____
 Address _____
 Floor, suite or room _____
 City, State and Zip _____
 Daytime phone number (_____) _____

3. CHECK INFORMATION

| ORDER NO. | DESCRIPTION | PLIES | QTY. | PRODUCT # | IMPRINT COLOR | START CHECK NUMBER* | TYPESTYLE | CHECK STACKING METHOD | CUSTOM LOGO YES/NO | PRICE |
|-----------|-------------|-------|------|-----------|---------------|---------------------|-----------|-----------------------|--------------------|--------|
| Sample | Check | 1 | 500 | | Black | 1001 | RB2 | | Yes | Sample |
| 1 | Check | | | | Black | | | | | |
| 2 | Check | | | | Black | | | | | |
| 3 | Check | | | | Black | | | | | |

*Starting check number default is 1001. If no check numbering required, indicate none or arabic only

4. IMPRINT INFORMATION

For personal information on checks, indicate up to 6 lines of copy.

Order No. _____

5. CUSTOM LOGO

Please include clean, black & white camera-ready artwork of your custom logo.

6. FINANCIAL INSTITUTION INFORMATION

IMPORTANT! For mailed check orders, enclose a sample voided check. We will print checks as shown. Please indicate any changes on the face of the voided check. If you do not have a sample check, provide a Specification Sheet from your bank. For faxed check orders, please copy (enlarge 200% if possible) a sample check on a separate sheet. Use detail or fine mode. Sorry, no custom logos via fax. Please help us avoid duplication by not mailing or re-faxing the same order.

Order by Phone: 1-800-247-6212
 8:00 am to 5:00 pm, CT, M-F

Order by Fax: (515) 733-5260
 24 hours, 7 days a week

Order by Mail: Record Printing Company
 PO Box 200
 Story City, Iowa 50248

Email: custservice@recordprinting.com

CUSTOM ORDER CALL FACTORY



3 Day
 Delivery
 Standard

CHECK ORDER FORM

| | |
|---|---|
| Shrinkwrapping 25¢/each wrap | C/R Copy / Electronic File or Logo Charge \$12 Flat Fee |
| Proof Charge \$10.00 | Set Up Entire Form - \$30 |
| Shipping and handling charges will be added to invoice. | Shrinkwrapping |
| Consult factory for estimate if needed. | Proof |
| Orders subject to a 10% over or under run. | Order Subtotal |
| | Sales Tax |
| | Grand Total |

7. OTHER OPTIONS

Special Instructions

