

Date of Order \_\_\_\_\_ Date Rec'd. \_\_\_\_\_

Drop Ship  Pick Up  UPS  BCE Delivery Pre-Designated Routes Only

**Secure Artwork  
or  
Signature Here**

<b>SELF-INKING</b>		<b>FOAM STAMP PADS</b>																									
<table style="width: 100%;"> <tr> <th style="text-align: left;">Size</th> <th style="text-align: left;">Color</th> </tr> <tr> <td>Mini <input type="checkbox"/></td> <td>Black <input type="checkbox"/></td> </tr> <tr> <td>#1 <input type="checkbox"/></td> <td>Red <input type="checkbox"/></td> </tr> <tr> <td>#2 <input type="checkbox"/></td> <td>Blue <input type="checkbox"/></td> </tr> <tr> <td>#3 <input type="checkbox"/></td> <td>Brown <input type="checkbox"/></td> </tr> <tr> <td></td> <td>Green <input type="checkbox"/></td> </tr> <tr> <td></td> <td>Purple <input type="checkbox"/></td> </tr> <tr> <td colspan="2" style="text-align: right;">Quantity _____</td> </tr> </table>	Size	Color	Mini <input type="checkbox"/>	Black <input type="checkbox"/>	#1 <input type="checkbox"/>	Red <input type="checkbox"/>	#2 <input type="checkbox"/>	Blue <input type="checkbox"/>	#3 <input type="checkbox"/>	Brown <input type="checkbox"/>		Green <input type="checkbox"/>		Purple <input type="checkbox"/>	Quantity _____		<table style="width: 100%;"> <tr> <th style="text-align: left;">Size</th> <th style="text-align: left;">Color</th> </tr> <tr> <td>#1 <input type="checkbox"/></td> <td>Black <input type="checkbox"/></td> </tr> <tr> <td>#2 <input type="checkbox"/></td> <td>Red <input type="checkbox"/></td> </tr> <tr> <td></td> <td>Blue <input type="checkbox"/></td> </tr> <tr> <td colspan="2" style="text-align: right;">Quantity _____</td> </tr> </table>	Size	Color	#1 <input type="checkbox"/>	Black <input type="checkbox"/>	#2 <input type="checkbox"/>	Red <input type="checkbox"/>		Blue <input type="checkbox"/>	Quantity _____	
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<b>WOOD MOUNT</b>		<b>STAMP INK</b>																									
Approximate Size (1 Line Equals 1/4")  _____"X _____ Lines (Length) (1 Line is 1/4") or Match Sample Supplied <input type="checkbox"/>  Quantity _____		<table style="width: 100%;"> <tr> <td>6cc <input type="checkbox"/></td> <td>Black <input type="checkbox"/></td> </tr> <tr> <td>2 oz. <input type="checkbox"/></td> <td>Red <input type="checkbox"/></td> </tr> <tr> <td></td> <td>Blue <input type="checkbox"/></td> </tr> <tr> <td></td> <td>Brown <input type="checkbox"/></td> </tr> <tr> <td></td> <td>Green <input type="checkbox"/></td> </tr> <tr> <td></td> <td>Purple <input type="checkbox"/></td> </tr> <tr> <td colspan="2" style="text-align: right;">Quantity _____</td> </tr> </table>		6cc <input type="checkbox"/>	Black <input type="checkbox"/>	2 oz. <input type="checkbox"/>	Red <input type="checkbox"/>		Blue <input type="checkbox"/>		Brown <input type="checkbox"/>		Green <input type="checkbox"/>		Purple <input type="checkbox"/>	Quantity _____											
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**CAUTION!!!! PROOFREAD CAREFULLY**

*"SPECIFIC RESULTS REQUIRE SPECIFIC INSTRUCTIONS"*  
(every letter and punctuation mark)  
We do not assume responsibility for complications  
resulting from composition errors.

Additional Instructions: \_\_\_\_\_

**Art or type from file #**

Please clearly indicate specifically what copy is to be used from file #, i.e. "logo only" - "type only", etc. When using a file number, be sure to include a sample of what is on file and indicate any changes in size, position, additions or deletions to all copy.

**Layout No.** \_\_\_\_\_ **Stock Art No.** \_\_\_\_\_

<b>CUSTOMER AUTHORIZATION</b>			
Typestyle _____	Center <input type="checkbox"/>	All Caps <input type="checkbox"/>	
Point Size (Optional) _____	Flush Left <input type="checkbox"/>	U/L Case <input type="checkbox"/>	
	Flush Right <input type="checkbox"/>		

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 \_\_\_\_\_

BCE USE ONLY		
WOOD MOUNT LINES X LENGTH		
SELF-INK		

express stamp order form