

RUBBER STAMPS TOMORROW

TRODAT SELF-INKING		DEFAULT POINT SIZE IS 12 PT. ALL ORDERS WILL BE SET FROM 12 PT (TO FIT), CENTERED AND IN CAPS UNLESS SPECIFIED. HAND WRITTEN COPY WILL NOT BE MATCHED. SIZE, TYPE STYLE, AND OTHER OPTIONS MUST BE CLARIFIED.	
<input type="checkbox"/> 4911 ($\frac{9}{16}$ " x 1 $\frac{1}{2}$ ") <input type="checkbox"/> 4912 ($\frac{3}{4}$ " x 1 $\frac{7}{8}$ ") Quantity: _____ Ink Color: _____ <input type="checkbox"/> 4913 ($\frac{7}{8}$ " x 2 $\frac{3}{8}$ ") <input type="checkbox"/> Trodat # _____ <input type="checkbox"/> 4914 (1" x 2 $\frac{1}{2}$ ") <input type="checkbox"/> Die Only _____ <input type="checkbox"/> Special Order _____ <input type="checkbox"/> 4926 (1 $\frac{1}{2}$ " x 3") (size) _____ (Model #) _____			
<input type="checkbox"/> WOODEN HANDLE STAMP QTY _____ Height _____ Length _____		DEALER _____	
<input type="checkbox"/> PRE-INKED ULTIMARK / ULTIFAST STAMP QTY _____ Model _____ Color (red, blue, black, green, violet) _____		ADDRESS _____	
<input type="checkbox"/> DATER/NUMBER STAMP QTY _____ Model _____ Color _____		CITY _____ STATE _____ ZIP _____	
<input type="checkbox"/> CUSTOM EMBOSSER Model: _____ Size: _____ Border: (circle one) Dashed Solid Style: (circle one) Pocket Desk QTY _____		PHONE _____ FAX _____	
		PURCHASE ORDER NUMBER _____ CONTACT NAME _____	
		CREDIT CARD # _____ EXP. DATE _____	
PLEASE PROVIDE SAMPLE			

PADS	REPLACEMENT INK	
Ideal / Trodat Replacement Pad #: _____ Wooden Handle Stamp Pad <input type="checkbox"/> #1 (2 x 3 $\frac{1}{2}$) <input type="checkbox"/> Black Quantity: _____ <input type="checkbox"/> #2 (2 $\frac{3}{4}$ x 4 $\frac{1}{2}$) <input type="checkbox"/> Red <input type="checkbox"/> #3 (3 $\frac{1}{2}$ x 6 $\frac{3}{8}$) <input type="checkbox"/> Blue <input type="checkbox"/> Violet <input type="checkbox"/> Dry <input type="checkbox"/> Green	<input type="checkbox"/> Ideal/Trodat 1oz <input type="checkbox"/> Ideal/Trodat 2oz <input type="checkbox"/> Ultimark Ink 15 cc/1/2 oz <input type="checkbox"/> Ultimark Ink 2 oz <input type="checkbox"/> Ultifast Ink 6 cc <input type="checkbox"/> Ultifast Ink 2 oz Color: _____ Qty: _____	<input type="checkbox"/> LOGO # _____ <input type="checkbox"/> PROOF REQUIRED <input type="checkbox"/> DIRECT SHIP <input type="checkbox"/> EMAILING ART

TOTAL QUANTITY _____ No. of Lines _____ <input type="checkbox"/> Maximum Length <input type="checkbox"/> Maximum Height <input type="checkbox"/> Flush Left <input type="checkbox"/> Centered <input type="checkbox"/> Flush Right <input type="checkbox"/> Bold <input type="checkbox"/> <i>Italic</i> <input type="checkbox"/> Upper & Lower Case	SPECIAL INSTRUCTIONS: QUOTE # _____
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LINE	TYPE STYLE	TYPE POINT SIZE	COPY	<input type="checkbox"/> BORDER	Bold	U/L
1st Line					<input type="checkbox"/>	<input type="checkbox"/>
2nd Line					<input type="checkbox"/>	<input type="checkbox"/>
3rd Line					<input type="checkbox"/>	<input type="checkbox"/>
4th Line					<input type="checkbox"/>	<input type="checkbox"/>
5th Line					<input type="checkbox"/>	<input type="checkbox"/>
6th Line					<input type="checkbox"/>	<input type="checkbox"/>

PHONE: (317) 898-6688 (800) 899-1657	ANY ORDER THAT IS NOT CLEAR OR REQUIRES ADDITIONAL INFORMATION WILL BE COMPLETED ON THE NEXT DAYS PRODUCTION.	OFFICE USE ONLY DATE _____ TYPESET _____ PROOFED _____ INVOICE # _____
FAX: (317) 869-4987 (800) 899-5505	SALESPERSON _____ DATE _____	