Product Order Form

IMPRINT INFORMATION

(For your convenience, attach a voided sample check or a MICR encoding form from the financial institution. If not available, please provide the imprint information below.)

$

PAY TO THE ORDER OF

DOLLARS

MP

⑈001001⑈ ⑆072402345⑆ 12345678⑈

Fill in MICR line or attach a voided check.

A C							A C	R T										R T	A C																						

IMPRINT INFORMATION

(For your convenience, attach a voided sample check or a MICR encoding form from the financial institution. If not available, please provide the imprint information below.)

Financial Institution: _____

Branch: _____

City: _____

State: _____ Zip: _____

☐ YES ☐ NO Two signature lines required

☐ YES ☐ NO Imprint above signature line

_____

_____

PRODUCT NUMBER	PRODUCT	DESCRIPTION	COLOR	NUMBER OF PARTS	STARTING NUMBER

Software version:

* Required for laser checks and forms with numbers. Choose one: ☐ Standard numbering (face-up) ☐ Non-Standard numbering (face-down)

Special Instructions: _____

_____

Customer Information

Customer/Distributor Name: _____ Previous Order Number: _____

Firm Name: _____ Attn: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Purchase Order #: _____

Shipping Address (Complete if different from address shown above, address cannot be a P.O. Box.)

Firm Name: _____ Attn: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Ship method if other than Fedex ground: _____