

INVOICE TO:

Name: _____

Address: _____

City, Province, Postal Code: _____

Telephone: _____ Fax: _____

Account No.: _____ Contact: _____

P.O. No.: _____ Resale ID No.: _____

SHIP TO:

Name: _____

Address: _____

City, Province, Postal Code: _____

Ordered By: _____ Date Ordered: _____

1 STAMP MOUNTS (all mounts come complete with labels)

SIZE	PRICE	COLOUR	QUANTITY	COLOUR	QUANTITY	COLOUR	QUANTITY
B1438	\$36.65 ea	<input type="checkbox"/> BLACK	_____	<input type="checkbox"/> BLUE	_____	<input type="checkbox"/> RED	_____
B1850	\$39.65 ea	<input type="checkbox"/> BLACK	_____	<input type="checkbox"/> BLUE	_____	<input type="checkbox"/> RED	_____
B2260	\$49.35 ea	<input type="checkbox"/> BLACK	_____	<input type="checkbox"/> BLUE	_____	<input type="checkbox"/> RED	_____
B2770	\$56.35 ea	<input type="checkbox"/> BLACK	_____	<input type="checkbox"/> BLUE	_____	<input type="checkbox"/> RED	_____
B4090	\$73.65 ea	<input type="checkbox"/> BLACK	_____	<input type="checkbox"/> BLUE	_____	<input type="checkbox"/> RED	_____

ADDITIONAL SIZES

B1212	\$26.95 ea	<input type="checkbox"/> BLACK	_____	<input type="checkbox"/> BLUE	_____	<input type="checkbox"/> RED	_____
B2020	\$31.65 ea	<input type="checkbox"/> BLACK	_____	<input type="checkbox"/> BLUE	_____	<input type="checkbox"/> RED	_____
B3030	\$42.35 ea	<input type="checkbox"/> BLACK	_____	<input type="checkbox"/> BLUE	_____	<input type="checkbox"/> RED	_____
B4040	\$52.65 ea	<input type="checkbox"/> BLACK	_____	<input type="checkbox"/> BLUE	_____	<input type="checkbox"/> RED	_____
B1060	\$34.95 ea	<input type="checkbox"/> BLACK	_____	<input type="checkbox"/> BLUE	_____	<input type="checkbox"/> RED	_____
B3458	\$58.35 ea	<input type="checkbox"/> BLACK	_____	<input type="checkbox"/> BLUE	_____	<input type="checkbox"/> RED	_____

REFILL INKS \$15.95 ea	BINK1	<input type="checkbox"/> BLACK	BINK2	<input type="checkbox"/> RED	BINK3	<input type="checkbox"/> BLUE
----------------------------------	--------------	--------------------------------	--------------	------------------------------	--------------	-------------------------------

2 PLACE AN IN APPROPRIATE BOX. Any choices not selected will default to those indicated with an asterisk(*)

TYPESTYLES

- FUTURA
- HELVETICA*
- TIMES
- Zapf Chancery* (Upper & Lower case only)

IMPRINT POSITION

- FLUSH LEFT
- FLUSH RIGHT
- CENTRE *
- AS SAMPLE (See expression below)

BODY STYLE

- UPPER CASE
- UPPER & LOWER CASE*

LOGO? YES

Any Camera-ready black & white artwork must be supplied!
A fax is NOT acceptable!

BORDER

- YES NO

3 PLEASE PRINT COPY CLEARLY OR AFFIX A SAMPLE

SPECIAL INSTRUCTIONS: _____

I understand the above item is non-returnable. Signature _____