








CUSTOM STAMPS

ORDER FORM

QUANTITY _____ INK COLOR _____

ACCT. #	P.O. NO. (If Required)
DEALER	
ADDRESS	
CITY	
PHONE	FAX

PRE-INK	SELF-INKING	SELF-INKING DATERS	TRADITIONAL
 <p><input type="checkbox"/> PRE-INK # _____</p>	 <p><input type="checkbox"/> IDEAL 170R <input type="checkbox"/> IDEAL 400R <input type="checkbox"/> IDEAL 4911 <input type="checkbox"/> IDEAL 4913 <input type="checkbox"/> IDEAL 4914 <input type="checkbox"/> IDEAL 4916 <input type="checkbox"/> IDEAL 4926 <input type="checkbox"/> IDEAL _____ <input type="checkbox"/> Thrift-T-Stamp (Ideal 4911/3Lines Max)</p>	 <p><input type="checkbox"/> TRODAT 4750 <input type="checkbox"/> TRODAT 4820 <input type="checkbox"/> TRODAT 5430 <input type="checkbox"/> TRODAT 5440 <input type="checkbox"/> Other _____ <input type="checkbox"/> Replacement Ink Pad Only</p>	  <p><input type="checkbox"/> HANDLE <input type="checkbox"/> MOULDING</p> <p>MAXIMUM SIZE (in inches) Length: _____ Height: _____</p>

MISCELLANEOUS	TYPE ALIGNMENT	TYPE SIZE	TYPESTYLES
<input type="checkbox"/> DIE ONLY for _____ <input type="checkbox"/> USE CUSTOMERS MACHINE <input type="checkbox"/> STAMP PAD # _____ Color _____ <input type="checkbox"/> BOTTLE INK COLOR _____ <input type="checkbox"/> OTHER _____	<input type="checkbox"/> FLUSH LEFT <input type="checkbox"/> FLUSH RIGHT <input type="checkbox"/> CENTERED <p>DESIGN SPECIFICATIONS</p> <input type="checkbox"/> PROOF FIRST <input type="checkbox"/> ART E-MAILED <input type="checkbox"/> CIRCLE <input type="checkbox"/> CAMERA READY <input type="checkbox"/> BORDER <input type="checkbox"/> ART ATTACHED <small>(Black & White / Actual Size)</small>	Unless otherwise specified, type will be set in 12 point for Traditional Stamps or sized-to-fit image area for Self-Inking Stamps. NOTE: Point size will determine the length of the stamp. If you request a size and it does not fit, we should : <input type="checkbox"/> Change Point Size To Fit <input type="checkbox"/> Change Size of Mount/Machine	<p>Choose One For Typestyle:</p> <p>A DALE WILLIAMS 1234 MAIN STREET YOUR TOWN, U.S.A. 98765</p> <p>B DALE WILLIAMS 1234 MAIN STREET YOUR TOWN, U.S.A. 98765</p> <p>C DALE WILLIAMS 1234 MAIN STREET YOUR TOWN, U.S.A. 98765</p> <p>D DALE WILLIAMS 1234 MAIN STREET YOUR TOWN, U.S.A. 98765</p> <p>E DALE WILLIAMS 1234 MAIN STREET YOUR TOWN, U.S.A. 98765</p> <p>F Dale Williams 1234 Main Street Your Town, U.S.A. 98765</p> <p>G DALE WILLIAMS 1234 MAIN STREET YOUR TOWN, U.S.A. 98765</p> <p>H DALE WILLIAMS 1234 MAIN STREET YOUR TOWN, U.S.A. 98765</p>

SPECIAL INSTRUCTIONS AND CUSTOM SERVICES

LINE NO.	TYPE STYLE	POINT SIZE	<ol style="list-style-type: none"> Print copy clearly on lines below in proper sequence and in approximate position each line is to appear. Indicate Typestyle and Point Size in left columns. Attach previously printed sample if possible and mark changes wanted. If no typestyle is indicated, Style B or Helvetica (HE551) will be used.
1st Line			
2nd Line			
3rd Line			
4th Line			
5th Line			
6th Line			
7th Line			

BCT[®]
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 LAGUNA HILLS, CA 92653
 949-859-0801
 FAX: 949-830-6217

CUSTOMER APPROVAL	
SALESPERSON	DATE

WE RETAIN ORDER FORMS FOR ONLY 30 DAYS. ALL CLAIMS OR CORRECTIONS MUST BE MADE WITHIN THIS PERIOD.

ROUTE _____
DATE _____

BCT USE ONLY

SCAN # _____
 TYPESET# _____
 PROOFED _____
 PASTE-UP _____
 PRODUCTION _____