

PRO STAMPS

Manufacturers of Quality Stamps

STATE OF WASHINGTON
STAMP ORDER FORM
CONTRACT: 04511

PHONE: (208) 635-5850

FAX: (208) 635-5854

E-MAIL: prostampsnw@prostamps.biz

DATE: _____

P.O.# / RELEASE # _____

CUSTOMER BILLING INFORMATION	CUSTOMER SHIPPING INFORMATION
Customer Name	Customer Name
Street Address/Floor or Suite	Street Address/Floor or Suite
City / State / Zip	City / State / Zip
Phone #	e-mail

PRODUCTS

QTY	ITEM#	DESCRIPTION

STAMP LAYOUT	INK COLORS	
<input type="checkbox"/> MATCH SAMPLE/ARTWORK	<input type="checkbox"/> BLACK	<input type="checkbox"/> PURPLE
<input type="checkbox"/> REDUCE TO FIT	<input type="checkbox"/> BLUE	<input type="checkbox"/> DRY - NO INK
<input type="checkbox"/> UPPER CASE	<input type="checkbox"/> RED	<input type="checkbox"/> BLUE/RED (for daters)
<input type="checkbox"/> UPPER/LOWER CASE	<input type="checkbox"/> GREEN	
<input type="checkbox"/> CENTERED		
<input type="checkbox"/> FLUSH LEFT		
<input type="checkbox"/> JUSTIFIED LEFT/RIGHT		
<input type="checkbox"/> ADD BORDER (around text)		

FONT STYLES	PROOF NEEDED?	
<input type="checkbox"/> MATCH SAMPLE	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<input type="checkbox"/> NORMAL FONT	EMAIL TO: _____	FAX TO: _____
<input type="checkbox"/> SPECIFIC FONT:		
SPECIFY: _____		
FONT SIZE _____		
	PRODUCTION BEGINS ONLY AFTER PROOFS ARE APPROVED	

TEXT FOR STAMP OR SAMPLE OF STAMP TO MATCH

ADDITIONAL INSTRUCTIONS: _____ _____ _____ _____	PLEASE NOTE: THIS FORM IS INTENDED TO HELP YOU TELL US WHAT YOU WANT IN YOUR STAMP. PLEASE FILL OUT AS COMPLETELY AS YOU CAN.
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