

DATE _____ CUST. ACCT. # _____

P.O. _____ ORDERED BY _____

PHONE _____ FAX _____



507-387-4444 • FAX 507-387-4447
87 Empire Drive
St. Paul, MN 55103-1865
custserv@dmstampsdiv.com

B _____
I _____
L _____
L _____
T _____
O _____

S _____
H _____
I _____
P _____
T _____
O _____

SHIPPING
 FedEX Ground
 FIRST CLASS
available if under \$30.00
 C.O.D.
 PICKUP
 OTHER: _____

Invoice Pre-Pay Credit Card: Visa MC AMEX

Contact us by phone with your payment information. _____

EMAIL THIS ORDER DIRECTLY TO: CUSTSERV@DMSTAMPSDIV.COM

PH. 507-387-4444 • FAX 507-387-4447 • 87 EMPIRE DRIVE, MN 55103-1865

USE SEPARATE ORDER BLANK FOR EACH ITEM

STAMPS		SIGNS & BADGES	EMBOSSERS	
ITEM NO.	QUANTITY	QUANTITY _____ SIZE: H _____ " X W _____ "	QUANTITY	POCKET EMBOSSER <input type="checkbox"/> 1-5/8" <input type="checkbox"/> 1-3/4" <input type="checkbox"/> 2" <input type="checkbox"/> 1" x 2"
PRE-INKED <input type="checkbox"/> ULTIMARK <input type="checkbox"/> BLACK <input type="checkbox"/> RED <input type="checkbox"/> BLUE <input type="checkbox"/> GREEN <input type="checkbox"/> PURPLE <input type="checkbox"/> X-STAMPER <input type="checkbox"/> BLACK <input type="checkbox"/> RED <input type="checkbox"/> BLUE <input type="checkbox"/> GREEN <input type="checkbox"/> PURPLE		IMPRINT COLOR: _____ BACKGROUND COLOR: _____ LOGO COLOR: _____ <i>Indicate logo size and location with copy.</i>	DESK EMBOSSER <input type="checkbox"/> 1-3/4" <input type="checkbox"/> 2" <input type="checkbox"/> 1" x 2"	
SELF-INKING <input type="checkbox"/> IDEAL <input type="checkbox"/> TRODAT <input type="checkbox"/> COLOP <input type="checkbox"/> BLACK <input type="checkbox"/> RED <input type="checkbox"/> BLUE <input type="checkbox"/> GREEN <input type="checkbox"/> PURPLE <input type="checkbox"/> REPLACEMENT PAD MODEL _____ COLOR _____ <i>Black ink will be used unless specified.</i>		MAGNET <input type="checkbox"/> TRADITIONAL PIN <input type="checkbox"/> MILITARY CLASP <input type="checkbox"/> BULLDOG SWIVEL <input type="checkbox"/> HOLDER DESC: _____ <i>(Color, Material & Size)</i> <input type="checkbox"/> DESK <input type="checkbox"/> WALL	EMBOSSING EDGE: <input type="checkbox"/> Env. Flaps Letterheads <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Top <input type="checkbox"/> Bottom	
HAND STAMP <input type="checkbox"/> TRADITIONAL HANDLE <input type="checkbox"/> MOLDING <input type="checkbox"/> OTHER _____		SCREW HOLES: _____ <i>Indicate location with copy.</i> HOLES _____ SIZE _____ "	QUANTITY	<input type="checkbox"/> STAMP PAD (for hand stamps) <input type="checkbox"/> Standard: #1 (2-3/4" x 4-1/4") SPECIAL SIZE _____ COLOR _____
			QUANTITY	<input type="checkbox"/> INK BRAND _____ COLOR _____
TYPESETTING INSTRUCTIONS: <input type="checkbox"/> Center (<i>Centered is standard</i>) <input type="checkbox"/> Justify <input type="checkbox"/> Flush Left <input type="checkbox"/> Flush Right <input type="checkbox"/> CAPS <input type="checkbox"/> Upper/Lower <input type="checkbox"/> Add Border Font: _____ Char. Size: _____ If copy does not fit, please: <input type="checkbox"/> Change Item Size <input type="checkbox"/> Change Type size				

IMPRINT COPY TO READ:

CAMERA READY ARTWORK - SIGNATURES will be used at 100% unless otherwise specified.

FORMAT
(if known)

Special Instructions:

Note: Signatures must be written in actual size in black ink. For logos and artwork submit exact size of original black and white camera-ready art via mail or e-mail. Photocopies of artwork cannot be accepted. If color is not specified, black ink will be used. If typesetting instructions are not provided, we will use our discretion to make the best finished product.