

Order Form



**JUST FILL OUT THIS ORDER FORM AND FAX TO:
212-947-5640
OR Please Email to
cmartinez@premiersupplies.com**

Signatures & Logos MUST be in black ink on separate white, unlined sheet and attached. Please mail in - DO NOT FAX ARTWORK.

QTY:..... MODEL# : COLOR: <input type="checkbox"/> Black <input type="checkbox"/> Red <input type="checkbox"/> Blue <input type="checkbox"/> Green <input type="checkbox"/> Purple Text - PLEASE PRINT CLEARLY.	<input type="checkbox"/> Border <input type="checkbox"/> Fill Stamp Area <input type="checkbox"/> ALL CAPITALS <input type="checkbox"/> Upper & Lower Case <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Centred <input type="checkbox"/> Justified Special Instructions _____ _____ _____
--	---

QTY:.....MODEL#: COLOR: <input type="checkbox"/> Black <input type="checkbox"/> Red <input type="checkbox"/> Blue <input type="checkbox"/> Green <input type="checkbox"/> Purple Text - PLEASE PRINT CLEARLY.	<input type="checkbox"/> Border <input type="checkbox"/> Fill Stamp Area <input type="checkbox"/> ALL CAPITALS <input type="checkbox"/> Upper & Lower Case <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Centred <input type="checkbox"/> Justified Special Instructions _____ _____ _____
--	---

PLEASE ENTER BELOW YOUR CUSTOMER ACCT # _____ DEPT: _____ Phone: _____ Fax: _____ Order No.: _____ Name: _____	PREMIER USE ONLY Order No.: _____ Name: _____
--	---

Orders are not subject to change or cancellation. If Ink colour is not indicated, stamp will be produced in Black.

CUSTOMER BILL TO: COMPANY NAME: _____ ADDRESS: _____ _____ ATTENTION: _____	CUSTOMER SHIP TO: COMPANY NAME: _____ ADDRESS: _____ ADDRESS: _____ ATTENTION: _____
---	--