

DATE OF ORDER	PO. #	<input type="checkbox"/> Please submit proof before processing my order
CONTACT PERSON	QUOTE # (if applicable)	<input type="checkbox"/> Please apply promo code _____ to my order
		<input type="checkbox"/> Please apply reseller discount (I will fax resale certificate)

CUSTOMER BILLING INFORMATION				CUSTOMER SHIPPING INFORMATION			
COMPANY NAME				COMPANY NAME			
STREET ADDRESS (REQUIRED FOR UPS SHIPMENT)				STREET ADDRESS (REQUIRED FOR UPS SHIPMENT)			
CITY, STATE AND ZIP				CITY, STATE AND ZIP			
PHONE NUMBER INCLUDING AREA CODE () () ()		FAX NUMBER INCLUDING AREA CODE () () ()		PHONE NUMBER INCLUDING AREA CODE () () ()		FAX NUMBER INCLUDING AREA CODE () () ()	
SIGNATURE OF PURCHASER				SIGNATURE OF PURCHASER			
EMAIL ADDRESS FOR CONFIRMATION AND INVOICE				EMAIL ADDRESS FOR CONFIRMATION AND INVOICE			

MANUAL FORMS Ordering Information								
QUANTITY	PRODUCT NUMBER	NUMBER OF PARTS	COLOR	DESCRIPTION	START CONSECUTIVE NUMBERING AT: (If not specified, number will start at 1001)	FREE BUSINESS DESIGN NUMBER	RETAIL PRICE	
					<input type="checkbox"/> NO. _____ <input type="checkbox"/> Do Not Number		\$	
					<input type="checkbox"/> NO. _____ <input type="checkbox"/> Do Not Number		\$	

COMPUTER FORMS Ordering Information								
					<input type="checkbox"/> LASER	<input type="checkbox"/> CONTINUOUS		
QUANTITY	PRODUCT NUMBER	NUMBER OF PARTS	COLOR	DESCRIPTION	SOFTWARE NAME	START CONSECUTIVE NUMBERING AT: (If not specified, number will start at 1001)	FREE BUSINESS DESIGN NUMBER	RETAIL PRICE
						<input type="checkbox"/> NO. _____ <input type="checkbox"/> Do Not Number		\$
						<input type="checkbox"/> NO. _____ <input type="checkbox"/> Do Not Number		\$

DESIGN-YOUR-OWN-LABELS Ordering Information										
QUANTITY	PRODUCT NUMBER	SHAPE AND SIZE	LABEL COLOR	LABEL STOCK TYPE	INK COLORS		LAYOUT LETTER	TYPESTYLE	FREE BUSINESS DESIGN NUMBER	RETAIL PRICE
					COLOR 1	COLOR 2				
										\$
										\$

IMPRINT INFORMATION		
COMPANY NAME		
ADVERTISING LINE OR SLOGAN TO BE PRINTED		
ADDRESS		
CITY, STATE AND ZIP		
PHONE NUMBER WITH AREA CODE () () ()	FAX NUMBER WITH AREA CODE () () ()	EMAIL ADDRESS (OR WEBSITE)

OPTIONS	
<input type="checkbox"/> Rush Service - Checks only - Delivery within 72 hrs \$15.00 + overnight shipping cost. No Custom Logos.	\$
<input type="checkbox"/> Custom Logo - Add 4 business days to process. Please email black & white logo (no screens) to artwork@smartresolution.com. \$25 if touch-up required.	\$
<input type="checkbox"/> Extra Lines of Type <small>Specify wording in "Special Instructions".</small>	\$
For Checks: <input type="checkbox"/> Additional Signature Line <input type="checkbox"/> Subheading Above Signature Line <input type="checkbox"/> Reverse Numbering (Laser Checks Only)	FREE

FOR CHECKS AND DEPOSIT TICKETS	
<p>Please have a check ready (if ordering checks), a deposit ticket (if ordering deposit tickets) or completed MICR specification sheet for bank routing numbers and bank imprint information. 2) Find these symbols () on your check and line them up with the boxes below. 3) Copy all the numbers to the right of each symbol, leaving a blank box where there is a space. Substitute the letter C for the symbol (), and the letter D for the symbol (). 4) Then, simply fax a sample check (for check orders) or a sample deposit ticket (for deposit ticket orders) marked "VOID".</p> <p>Please note: Any numbers to the left of this first symbol () are not needed for processing your order. Be sure to specify consecutive numbering.</p>	
FOR CHECKS: C = D =	43 42 41 40 39 38 37 36 35 34 33 32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17 16 15 14 13
FOR DEPOSIT TICKETS: C = D =	43 42 41 40 39 38 37 36 35 34 33 32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17 16 15 14 13
<small>FOR DEPOSIT TICKETS REQUIRING ADDITIONAL NUMBER POSITIONS, PLEASE FAX A SAMPLE TO 888-309-5267</small>	

SHIPPING METHOD	
<input type="checkbox"/> Parcel Post <input type="checkbox"/> UPS Standard Ground (default) <input type="checkbox"/> UPS 2nd Day Air <input type="checkbox"/> UPS Next Day Air	<input type="checkbox"/> Fedex Ground <input type="checkbox"/> Fedex 2nd Day Air <input type="checkbox"/> Fedex Overnight
<input type="checkbox"/> Use my Fedex Account # _____ Billed to your account	

TOTALING YOUR ORDER		
THANK YOU	SUBTOTAL (after any discounts)	\$
FOR YOUR ORDER !	FLORIDA SALES TAX (ADD 6.5%)	\$
Please fax or mail in your order or call with any questions.	SHIPPING (please refer to attached sheet)	\$
TOTAL		\$

BANK IMPRINT INFORMATION	
BANK NAME	BANK STREET ADDRESS
BANK CITY, STATE AND ZIP	BANK PHONE NUMBER

PAYMENT INFORMATION	
I WILL PAY BY <input type="checkbox"/> CHECK (please allow to clear before processing)	
<input type="checkbox"/> CREDIT CARD ON FILE	LAST 4 DIGITS _____
<input type="checkbox"/> NEW CREDIT CARD	<input type="checkbox"/> Please email me secure link for payment <input type="checkbox"/> Please call me when you process my order
<input type="checkbox"/> INVOICE (subject to prior credit approval)	

SPECIAL INSTRUCTIONS - Attach additional sheet if necessary
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