



No substitutions.

IMPORTANT!

**Please fill in
your Xstamper
Account Number**

Control No.

Account No.

CUSTOMER INFORMATION	Order Date	P.O. Number
	Name	
	Address	
	City, State, Zip	
	Phone Number ()	

DEALER INFORMATION	Name	
	Address	
	City, State, Zip	
	Phone Number ()	Fax Number ()

QUANTITY	ITEM NO.	STYLE NO.	PLEASE INDICATE INK COLOR										
<input type="text"/>	N	-	<input type="checkbox"/> Red	<input type="checkbox"/> Black	<input type="checkbox"/> Blue	<input type="checkbox"/> Green	<input type="checkbox"/> Purple	<input type="checkbox"/> Orange	<input type="checkbox"/> Yellow	<input type="checkbox"/> Pink	<input type="checkbox"/> Lt. Blue	<input type="checkbox"/> Lt. Green	<input type="checkbox"/> Brown

PLEASE TYPE OR PRINT LEGIBLY. ONE STYLE NUMBER PER ORDER.

PRODUCTION INSTRUCTIONS:
(please check box)

Shrink to Fit

Fill Stamp

Caps

Upper/Lower

Centered

Flush Left

Add Border

Per Sample

SPECIAL INSTRUCTIONS:

10ml Refill Ink - Please indicate quantity.

<input type="text"/> Red 22111	<input type="text"/> Black 22112	<input type="text"/> Blue 22113	<input type="text"/> Green 22114	<input type="text"/> Purple 22115	<input type="text"/> Orange 22116
<input type="text"/> Yellow 22117	<input type="text"/> Pink 22118	<input type="text"/> Lt. Blue 22119	<input type="text"/> Lt. Green 22110	<input type="text"/> Brown 21111	

STOCK PRODUCTS & ACCESSORIES

Quantity	Stock Number	Description