## **Checks Order Form**

New Order
Reorder #

Mail this order form to: Independent Checks , P.O. Box 5790, De Pere, WI 54115

Fax: 866-894-1290 • Toll Free: 866-487-1370 • Email: checks@independentinc.com



	entChecks.com		U • Email: c	necks@ini	depende	ntinc.co	om		<b>V</b>									ノ		_(	/\	) TM
P.O. # Contact Person:			Date of Order																			
Bill To:			Payment Options:																			
Company Name	_  [	Check or money order enclosed in the amount of, payable to Independent Printing Co., Inc.																				
Street Address		Please bi		_			d $\square$	VISA		Americ	an Exp	oress		Discov	er							
City, State, Zip	—   (	CARD NU	MBER										_	EXPIR	ATION	DATE						
Phone		Please do	not le			no hotu	200 011	mhoro						Month		ar						
Phone Fax ()()									card:		pact	es nerw	een nu	IIIDEIS.						Month	ı it	aı
		CID#	Cara.		]																	
Email Address (red <b>Ship To:</b>	_	Shipping: Allow 2-6 working days for Ground Service, once your order is shipped.																				
Company Name		Ground 2nd Day Air*																				
	- 13	Next Day Air* Parcel Post* (Canada - allow 2 weeks for delivery)																				
Street Address		*Next Da	-	-						_												
City, State, Zip		Additiona STANDAR	_		_								01.10	- اء سام	nt ···	hin						
Phone	Phone Fax										ı sut	IENULE	Urde	513 TECE	iveu	uy 12 P.	IVI. UÍ	WIII IE	ave	our pia	iil WIT	11111
()									Same	day r	ush	when o	rders a	are rece	ived I	by noon	CST.					
Checks & Dep	osit Tickets (Re	efer to our website	for color and pa	intograph sty	les & ava	ilability.)																
Product Style	ct Style   Security Level   Color   # of Parts   Carbon   Carbonless								C	(uantity		Binding Style Manual Checks			Start #							
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Express Check Kits  ☐ EXPRESS 3/PG START-UP-KIT Kit Qty: ☐ 150 ☐ 300 ☐ 600 ☐ EXPRESS LASER-KIT Kit Qty: ☐ 250 ☐ 500								BINDERS (select 1 option) ☐ 7-Ring: ☐ Blue ☐ Charcoal ☐ Green Or ☐ Plastic Spiral (Blue Only)														
Additional Products  DEPOSIT TICKETS (Please enclose a deposit slip from existing supply)  3-On-A-Page Deposits (1-part only)  Booked Deposits (Carbonless)  1-part 2-part 3-part 200 400 600								MISCELLANEOUS  Pocket Cover Compact Cover Pocket Register Compact Register RA - Return Address Stamp RS - Endorsement Stamp Checkbook Pocket Organizer														
			Other Qty					Revers						nly) - St	anda	ard is fa	ce up,	, low i	numl	er on	top	
LASER ENVELOPES Qty: DWM									Proof (allow 24 hrs. for proofs) FaxEmail													
				r fill in or	2000 h	Jour or	nd one	lone o l	honk	0000	ifio	otion o	hoot	or doo	ian :	form						
Enclose a voided check with all changes indicated or fill in space below and on the Heading Up to 5 lines (35 characters per line max.)									Signature Lines													
Fraction #																	-					
		Special Instructions																				
Bank Name Address											-	Speciai i	nstruct	10118								
City/State/Zip																						
C <sub>HECKs</sub>		1:					1;															
52 51 50	49 48 47 46		42 41 40	39 38	37 36	35 ;	34 33	32 31	30	29	28	27 26	3 25	24 2	3 2	22 21	20	19 1	8 1	7 16	15	14
DE <sub>POSIT</sub> 52 51 50	49 48 47 46	3 45 44 43	42 41 40	39 38	37 36	35 ;	34 33	32 31	30	29	28	27 26	3 25	24 2	3 2	22 21	20	19 1	8 1	7 16	15	14