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 Forms
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Fill out onscreen, then use the Submit buttonto email to Forms Department OR print out completed form and fax to 707-535-5046



Ship To:								Forms Department Use Only ARE		
Ship To:								PO:		
Company: Owner/Operator (first & last name):								FORM #:		
Street Address (cannot deliver to a P.O. Box):								Order Date:// Software:		
City: State: ZIP:								Version:		
Deliver to Atte	ntion of:									
Bill To: (if different than Ship To)								 Delivery Options: Standard Ground (approx. 10 busines days) 5-Day RUSH. (\$49 + expedited freight) 3-Day RUSH. (\$100 + expedited freight) 		
Company Name:										
Address:										
City: State:								*indicates business days		
Quantity:	□ 500 □ 7,000	□ 1,000 □ 8,000	□ 2,000 □ 9,000	□ 3,000 □ 10,000	□ 4,000 □ Other: _	□ 5,000	Sta	art Check #:		
Order Type: Text Above Signat Image: New Order: Use sample Image: No Image: New Order: Print as shown below Image: No Image: Exact Repeat image: Required for all new or changed orders. Image: No Image: Required for all new or changed orders. Image: No Image: New Order: Print as shown below Image: No Image: Required for all new or changed orders. Image: No							re:	Company Name Printed on Current Check:		
For Laser Only: How Does Your Laser Print							iter Feed	l Paper?		
I 1-Part I 2-Part I 3-Part Select Check Position: I Top I Middle I Bottom (Standard) (Standard)								□ Face Down (Non-Standard)		
Check Col	or Optio	ns:								
Arby's logo—top & middle							Green Teal Color	□ Burgundy □ Tan □ Gray □ Burgundy □ Other: (Add'l charge)		
Imprint Information— <u>as it should appear on check</u> s							Order Confirmation:			
Company Name:							Name/Signature:			
Additional Nam										
Address (Street or P.O. Box):							Date:			
City: State: ZIP:							Phone:			
Phone number on check? No Yes							Fax:			
How many signature lines? One Two							Email: _			
Name of Bank:								Submit Form		
Additional Bank		-								
City and State of Bank:							By clicking the Submit button above, I request that checks be ordered and printed as shown on this form. I agree to verify the accuracy of the printed checks upon receipt and notify the Forms			
Bank Routing No.: Account No.: Bank Fraction Number (Example: 64-1/610):										
					ank you for your or AGS ON SEPARATE		Асору	nent within 30 days of any differences. y of a current voided check is required for all new or changed orders.		