

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

## Ship To:

Company: \_\_\_\_\_  
 Owner/Operator (first & last name): \_\_\_\_\_  
 Street Address (cannot deliver to a P.O. Box): \_\_\_\_\_  
 \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Deliver to Attention of: \_\_\_\_\_

## Forms Department Use Only

PO: \_\_\_\_\_  
 FORM #: \_\_\_\_\_  
 Order Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Software:

SICOM  Other: \_\_\_\_\_  
 Version: \_\_\_\_\_  
If Other, please contact the Forms Department before completing form.

## Bill To: (if different than Ship To)

Company Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

## Delivery Options:

Standard Ground (approx. 10 business days)  
 5-Day\* RUSH (\$49 + expedited freight)  
 3-Day\* RUSH (\$100 + expedited freight)  
\* indicates business days

**Quantity:**  500  1,000  2,000  3,000  4,000  5,000  
 6,000  7,000  8,000  9,000  10,000  Other: \_\_\_\_\_

## Start Check #:

## Order Type:

Exact Repeat **Enter Life #:** \_\_\_\_\_  
REQUIRED (# found in left margin of check)  
 Repeat with Change  Blank Check Stock\*  
 New Order \* = info not needed

**A copy of a current voided check is required for all new or changed orders.**

## Text Above Signature:

No  
 Yes (indicate text below)  
 \_\_\_\_\_

## Company Name Printed on Current Check:

\_\_\_\_\_

## For Laser Only:

Select Type:

Accounts Payable  Payroll  Direct Deposit Voucher\*

How Does Your Laser Printer Feed Paper?

Face Up (Standard)



Face Down (Non-Standard)



## Choose One Check/Voucher Color:

Linen:  Blue  Green  Burgundy  Tan  Gray  
 Marble:  Blue  Teal  Burgundy  Other: \_\_\_\_\_

## Print Your Logo on Checks?

No  Yes – Specify logo:  
 \_\_\_\_\_

## Choose One Ink Color: (All imprinting—including logo—will be in this color.)

Black  Same as Check Color  Other: \_\_\_\_\_ (Additional charge)

## Imprint Information—as it should appear on checks

Company Name: \_\_\_\_\_  
 Additional Name (if any): \_\_\_\_\_  
 Address (Street or P.O. Box): \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Phone number on check?  No  Yes \_\_\_\_\_  
 How many signature lines?  One  Two  
 Bank information is needed on check orders only. Direct Deposit Vouchers have no bank information on them.  
 Name of Bank: \_\_\_\_\_  
 Additional Bank Information (if any): \_\_\_\_\_  
 City and State of Bank: \_\_\_\_\_  
 Bank Routing No.: \_\_\_\_\_ Account No.: \_\_\_\_\_  
 Bank Fraction Number (Example: 64-1/610): \_\_\_\_\_

## Order Confirmation:

Name/Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

**Submit Form**

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 Department within 30 days of any differences.

**A copy of a current voided check is required for all new or changed orders.**

You will receive an order confirmation within 24 hours of receipt. Thank you for your order!  
 ORDER DEPOSIT TICKETS, DOUBLE-WINDOW ENVELOPES, SECURITY BAGS ON SEPARATE FORM.