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# Checks Order Form

Fill out onscreen, then use the Submit button to email to SICOM Forms.

## Ship To:

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

## SICOM Forms Use Only TPC

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

## Software:

SICOM  Other: \_\_\_\_\_  
 Version: \_\_\_\_\_  
If Other, please contact SICOM Forms 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 #:** \_\_\_\_\_  
(in left margin of current SICOM check)  
 Repeat with Change  
 New Order  
 Use Sample     Blank Check Stock\*  
 Print as shown below    \* = 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:

1-Part     2-Part     3-Part  
(2-Part and 3-Part refers to carbonless checks, not vouchers)

## How Does Your Laser Printer Feed Paper?

Select Check Position:  Top     Middle     Bottom     3-to-a-Page  
 Face Up (Standard)     Face Down (Non-Standard)

## Choose One Check 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  
 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 SICOM Forms within 30 days of any differences.

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.  
 See all the available check colors and formats at <https://support.sicom.com/accounting-payroll/checks-forms/>