

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

TPC

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 #:** _____
☐ Repeat with Change **REQUIRED** (# found in left margin of check)
☐ New Order ☐ Blank Check Stock*
☐ Use Sample * = info not needed
☐ Print as shown below

Text Above Signature:

☐ No
☐ Yes (indicate text below)

Company Name Printed on Current Check:

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

For Laser Only:

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

Select Check Position: ☐ Top ☐ Middle ☐ Bottom ☐ 3-to-a-Page

How Does Your Laser Printer Feed Paper?

☐ 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 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.