

AutoStamp ORDER FORM

WF-102
02/11

Complete all the information below and fax to Toronto Stamp at (416) 368-2478 or 1-800-637-5814 outside Toronto. Please use a separate form for each style. If you have any questions, please call us at (416) 368-7022 or 1-800-637-5813 outside Toronto.

1. Size (Check appropriate size)

- | | |
|---|---|
| <input type="checkbox"/> 1"x ³ / ₈ " (AS-100) | <input type="checkbox"/> 1 ³ / ₄ "x ⁷ / ₈ " (AS-20S) |
| <input type="checkbox"/> 1 ¹ / ₂ "x ⁹ / ₁₆ " (AS-200) | <input type="checkbox"/> 1 ³ / ₄ "x1 ¹ / ₈ " (AS-530) |
| <input type="checkbox"/> 1 ⁷ / ₈ "x ⁵ / ₈ " (AS-300) | <input type="checkbox"/> 2"x1 ¹ / ₂ " (AS-540) |
| <input type="checkbox"/> 2 ¹ / ₄ "x ⁷ / ₈ " (AS-400) | <input type="checkbox"/> 2 ¹ / ₄ "x1 ¹ / ₂ " (AS-550) |
| <input type="checkbox"/> 2 ⁵ / ₈ "x1 ¹ / ₈ " (AS-500) | <input type="checkbox"/> 5 ⁵ / ₈ "x ⁵ / ₈ " (AS-17Q) |
| <input type="checkbox"/> 2 ⁷ / ₈ "x1 ³ / ₈ " (AS-600) | <input type="checkbox"/> 1 ¹ / ₄ "x1 ¹ / ₄ " (AS-30Q) |
| <input type="checkbox"/> 2 ¹ / ₂ "x ³ / ₈ " (AS-150) | <input type="checkbox"/> 1 ⁵ / ₈ "x1 ⁵ / ₈ " (AS-43Q) |
| <input type="checkbox"/> 2 ⁷ / ₈ "x ⁵ / ₈ " (AS-250) | <input type="checkbox"/> 1 ¹ / ₂ "x1 ¹ / ₂ " (AS-120) |
| <input type="checkbox"/> 3"x ⁷ / ₈ " (AS-450) | <input type="checkbox"/> 7 ¹ / ₁₆ " dia. (AS-120R) |
| <input type="checkbox"/> 1 ¹ / ₈ "x ³ / ₄ " (AS-520) | |

2. Pad Colour (Check appropriate colour)

- | | | |
|---------------------------------|---------------------------------|------------------------------------|
| <input type="checkbox"/> Black | <input type="checkbox"/> Red | <input type="checkbox"/> Blue |
| <input type="checkbox"/> Green | <input type="checkbox"/> Purple | <input type="checkbox"/> Brown |
| <input type="checkbox"/> Orange | <input type="checkbox"/> Pink | <input type="checkbox"/> Turquoise |

3. Typestyle

(Check appropriate style)

Regular **Bold**

(Check either box)

- | | | |
|---|--------------------------|--------------------------|
| <input type="checkbox"/> News Gothic | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Helvetica ... unless otherwise specified | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Helvetica Condensed | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Cheltenham | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Copperplate | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> _____ ... see Document 1146 | <input type="checkbox"/> | <input type="checkbox"/> |

4. Justification (Check appropriate box)

- Left Centre Right

5. Border (Check appropriate box)

- Yes No

6. Quantity _____

6. Wording and Layout (Sketch below)

ORDER DATE	REQUIRED BY				
SOLD TO			SHIP TO		
			CODE		
			CODE		
ATTENTION:			ATTENTION:		
PURCHASE ORDER NO.		SHIP VIA		G.S.T.	P.S.T.
PLACED BY		TITLE / DEPARTMENT		AREA	PHONE
				FACSIMILE	