

Metal Name Badges ORDER FORM

WF-109
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. Material

Anodized Aluminum (0.025" thick)

2. Finish

Satin

3. Material Colour (Check appropriate colour)

Gold Silver

4. Size (Check appropriate size)

2 1/2" x 3/4" 3" x 1" 2 3/4" x 1 1/2"

5. Imprint Colour

(Check appropriate colour)

- Black
- Red PMS 186
- Dark Blue PMS 280
- Light Blue PMS 300
- Teal PMS 320
- Green PMS 341
- Orange PMS 172
- Yellow PMS 116
- Burgundy PMS 228
- Brown PMS 469
- Beige PMS 457
- PMS _____

5. Attachment (Check appropriate box)

Safety Pin Swivel Clip Magnet

6. Corners Radius

7. Names Typestyle

(Check appropriate style)

Regular **Bold**

(Check either box)

- | | | |
|--|--------------------------|--------------------------|
| <input type="checkbox"/> Futura | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Garamond | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Garamond Condensed | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Helvetica ... <i>unless otherwise specified</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Helvetica Condensed | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Times | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Univers Condensed | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> _____ ... see Document 1146 | <input type="checkbox"/> | <input type="checkbox"/> |

8. Company Logo (Check appropriate boxes)

- None Artwork On File
- Artwork Supplied ... *Illustrator .eps File*

9. Wording and Layout (sketch below)

Please sketch the position of wording and company logo (if required)

10. Quantity _____

11. Names _____

List additional names on a separate sheet

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