

Metallic Name Badges ORDER FORM

WF-113
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

Clear Rigid Plastic (0.060" thick)

2. Lamination

Gloss Clear Vinyl (0.004" thick)

3. Size (Check appropriate size)

2 1/2"x3/4" 2 3/4"x1" 3"x1" 3"x1 1/4"
 3"x1 1/2" 3 1/4"x1 3/4" _____ x _____

4. Background Colour

(Check appropriate colour)

Metallic Gold
 Metallic Silver

Imprint Colour

(Check appropriate colour)

Black
 Cool Grey PMS 6
 Cool Grey PMS 8
 Blue PMS 277
 Blue Reflex
 Blue PMS 281
 Purple PMS 519
 Violet PMS 521
 Pink PMS 708
 Burgundy PMS201
 Red PMS 032
 Red PMS 185
 Red PMS 485
 Orange PMS 165
 Yellow PMS 102
 Gold PMS 130
 Beige PMS 466
 Brown PMS 469
 Green PMS 355
 Green PMS 341
 Green PMS 357
 PMS _____

5. Attachment (Check appropriate box)

Safety Pin Swivel Clip Magnet

6. Corners Radius

7. 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"/> _____ ... <i>see Document 1146</i>	<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