

Stamp On It

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[Click here to send to printer or fax](#)

Company Name _____ Address _____ City _____ State _____ Zip _____

Contact Person _____ Phone Number _____ Fax Number _____

- 2000 PLUS # _____ MAXLIGHT - XL2 # _____ SIGNS / NAME BADGES
Specify frames, colors & backgrounds in Special instructions below
- MARK PLUS # _____ ROYAL MARK - RM # _____ DATER / MODEL _____
COLOR _____
- IDEAL # _____ RUBBER STAMP
- SEAL # _____
- Regular Self Inking 1 Color 2 Color

Quantity _____ Border Around Stamp? Circle Square

of Lines _____ Typestyle or Font _____

Line Length _____ Type / Point Size _____

PRODUCTION INSTRUCTION

<input type="checkbox"/> exactly as shown	<input type="checkbox"/> center lines
<input type="checkbox"/> shrink to fit	<input type="checkbox"/> flush left
<input type="checkbox"/> fill stamp	<input type="checkbox"/> flush right
<input type="checkbox"/> all caps	<input type="checkbox"/> flush left & right
<input type="checkbox"/> cap & lower	

SELF INKING STAMP PADS (Circle Color): Black Red Blue Green _____ Other

*For Self Inking Stamps - CIRCLE COLOR. If no color is checked, **BLACK** will be sent.

REGULAR Rubber Stamp Pads: (Color and Quantity) _____

Special Instructions:

COPY: (If more than one type style, mark each line individually)

TYPE STYLE

Call When Ready Deposit _____ Balance _____