



EMBOSSER ORDER FORM:

Thank you for your interest in our perforators. Please fill out the following check list.

Name: _____ Date: _____

Company Name: _____

Address: _____

Phone Number: _____ Fax Number: _____

E-mail Address: _____

EMBOSSER DIE BLOCK ORDER FORM:

___ Model 60-27 Manual 27 mm die

___ Model 60-36 Manual 36 mm die

___ Model 110-27 Electric 27 mm die

___ Model 110-36 Electric 36 mm die

___ Model 110-45 Electric 45 mm die

___ Die Block Only Model # _____ ___ mm die

CUSTOM SEAL INFORMATION

___ Copy Sent by Fax Please enlarge copy for clarity

___ Digital Data Use jpf or pdf

EMBOSSING POSITION REQUIRED

___ Upper

___ Lower

___ Right Side

___ Left Side

PAPER TYPES

___ 16# bond

___ 20# bond

___ 24# bond

___ Other

___ Other

SHIPPING DATE REQUIRED

