

Checks Order Form

New Order
 Reorder # _____



Mail this order form to: **Independent Checks**, P.O. Box 5790, De Pere, WI 54115
 Fax: 866-894-1290 • Toll Free: 866-487-1370 • Email: checks@independentinc.com
www.IndependentChecks.com

P.O. # _____
 Contact Person: _____

Date of Order _____

Bill To: _____ IPC # _____
 Company Name _____
 Street Address _____
 City, State, Zip _____
 Phone _____ Fax _____
 () ()
 Email Address (required for notifications) _____

Payment Options:
 Check or money order enclosed in the amount of _____, payable to Independent Printing Co., Inc.
 Please bill my: MasterCard VISA American Express Discover
 CARD NUMBER _____ EXPIRATION DATE _____

 Please do not leave spaces between numbers. _____ Month Year
 Name on card: _____
 CID# _____

Ship To:
 Company Name _____
 Street Address _____
 City, State, Zip _____
 Phone _____ Fax _____
 () ()

Shipping: Allow 2-6 working days for Ground Service, once your order is shipped.
 Ground 2nd Day Air*
 Next Day Air* Parcel Post* (Canada - allow 2 weeks for delivery)
 *Next Day, 2nd Day and or Parcel Post - Call for pricing.
 Additional freight charges applied to Puerto Rico and Canada orders.
STANDARD SHIPPING SCHEDULE - Orders received by 12 P.M. CT will leave our plant within 2 working days.
 \$27 Same day rush when orders are received by noon CST.

Checks & Deposit Tickets (Refer to our website for color and pantograph styles & availability.)

Product Style	Security Level Laser Only	Color	# of Parts	Carbon	Carbonless	Description	Quantity	Binding Style Manual Checks	Start #

Express Check Kits
 EXPRESS 3/PAGE START-UP-KIT Kit Qty: 150 300 600
 EXPRESS LASER-KIT Kit Qty: 250 500

Additional Products
DEPOSIT TICKETS (Please enclose a deposit slip from existing supply)
 3-On-A-Page Deposits (1-part only) Booked Deposits (Carbonless)
 60 pages 120 pages 240 pages 1-part 2-part 3-part
 200 400 600
 Other Qty: _____

LASER ENVELOPES Qty: _____
 DWE DWQ DWQS DWM

BINDERS (select 1 option)
 7-Ring: Blue Charcoal Green or Plastic Spiral (Blue Only)

MISCELLANEOUS
 Pocket Cover Compact Cover RA - Return Address Stamp
 Pocket Register Compact Register RS - Endorsement Stamp
 Checkbook Pocket Organizer

CHECKS
 Reverse Numbering (Laser Checks Only) - Standard is face up, low number on top
 Proof (allow 24 hrs. for proofs) Fax _____
 Email _____

Enclose a voided check with all changes indicated or fill in space below and enclose a bank specification sheet or design form.

Heading Up to 5 lines (35 characters per line max.)

 Fraction # _____

Signature Lines 1 line (default) 2 lines 3 lines
 If text is needed in signature area, please print below:

Bank Name _____ Special Instructions _____
 Address _____
 City/State/Zip _____

52 51 50 49 48 47 46 45 44 43 42 41 40 39 38 37 36 35 34 33 32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17 16 15 14
 52 51 50 49 48 47 46 45 44 43 42 41 40 39 38 37 36 35 34 33 32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17 16 15 14