PRINTEGRA

☐ LIVERMORE, CA ☐ ARLINGTON, TX
☐ JAFFREY, NH ☐ INDIANAPOLIS, IN
☐ FAIRPORT, NY ☐ SMYRNA, GA

FormSource ORDER FORM
SEE BACK FOR FORM SOURCE LIMITED

All checks are Check21 compliant

Distributor Phone	Distributor Order #	SHIP TO: (WE CANNOT SHIP TO A P.O. BOX) ☐ SHIP TO DISTRIBUTOR
DISTRIBUTOR NAME/ADDRESS		City State Zip SHIP IN THE NAME OF (if other than Distributor)

CUSTOMER NAME	CUST. ORDER #		REPEAT ORDER #	FORM NAME/#
	#	☐ NEW ORDER ☐ PROOF * 5 DAYS	☐ CHANGE ☐ EXACT #	☐ CONTINUOUS # ☐ CUTSHEET

QUANTITY	# OF PARTS	BASE INK COLOR	2ND INK COLOR *	ITEMS TO PRINT IN 2ND COLOR	SHIP VIA	CUT SHEET PACKAGING
		☐ STD. ☐ PMS *	☐ STD. ☐ PMS *	☐ LOGO ☐ PHANTOM ☐ PANTO ☐ ALL SCREENS ☐ VARIABLE COPY ☐ ALL REVERSE HEADINGS ☐ BORDER		

PANTOGRAPH

☐ CB102 ☐ CB113 ☐ CB120 ☐ CB130 * ☐ ODT103 VOID
☐ CB103 ☐ CB114 ☐ CB121 ☐ CB132 * ☐ ODT104 VOID
☐ CB104 ☐ CB115 ☐ CB124 ☐ CB134 * ☐ ODT124 VOID
☐ CB109 ☐ CB117 ☐ CB128 ☐ CB154 (10%)
☐ CB112 ☐ CB119 ☐ CB129

BORDER

☐ B11 ☐ B26 ☐ WB4
☐ B12 ☐ B32 ☐ WB5
☐ B13 ☐ WB1 ☐ WB6
☐ B14 ☐ WB2 ☐ WB7
☐ B15 ☐ WB3

PAPER

1. _____
2. _____
3. _____
4. _____

DELIVERY

☐ SAME DAY *
☐ 1-DAY *
☐ 2-DAY *
☐ 3-DAY *
☐ 4-DAY *

DATALOCK *

☐ EVERY 2" ☐ EVERY 3"
☐ LEFT ☐ RIGHT

FILE HOLES *

☐ SPECIFICATIONS NOTED BELOW IN SPECIAL INSTRUCTIONS AREA

BACKER *

☐ REG CC (PART 1 ONLY)
☐ ORIGINAL DOCUMENT SECURITY BACKER
☐ OTHER SPECIFY IN SPECIAL INSTR.

* INDICATES UPCHARGE

IMPORTANT NOTE: The following information submitted is regarded as copy. Any information not completed will not be included in your order. Artwork submitted with order form must be camera ready art. Printegra, Inc. cannot claim responsibility for sub standard print quality, should artwork submitted be of poor quality. Any samples submitted for reference must reflect exact copy specifications as indicated on order form. Printegra, Inc. cannot be held responsible for incorrect information if submitted otherwise.

VARIABLE INFORMATION:

HEADING (NAME, ADDRESS AND LOGO - 5 LINES MAX)

☐ LOGO ENCLOSED (MAY BE REDUCED TO FIT AREA ALLOWED)

CHECK STUB (NAME AND ADDRESS - 1 LINE MAX)

(MAY BE LIMITED TO NAME ONLY DUE TO SPACE CONSTRAINTS. CONSULT FACTORY.)

FORM REMITTANCE (NAME AND ADDRESS - 3 LINES MAX)

(MAY NOT BE AVAILABLE OR MAY BE LIMITED TO NAME ONLY. CONSULT FACTORY.)

BANK (NAME AND ADDRESS - 3 LINES MAX)

☐ LOGO ENCLOSED (LOGO MAY NOT BE AVAILABLE ON SOME FORMS DUE TO LIMITED AREA) TEXT POSITION NO. _____

ABA FRACTION

ROUTING & TRANSIT NUMBER _____

PHANTOM

☐ CENTERED IN CHECK ☐ CENTERED IN FORM
☐ SCREENED ☐ REVERSED OUT

FINANCIAL TERMS (3 LINES MAX)

(MAY NOT BE AVAILABLE ON ALL FORMS. CONSULT FACTORY.)

SIGNATURE LINES

☐ ONE ☐ TWO

SIGNATURE AREA COPY (1 LINE MAXIMUM)

☐ ABOVE LINE ☐ BELOW LINE

DOUBLE WINDOW ENVELOPE

☐ ENV 1 ☐ ENV 2 (PACKED 500/BOX - 2500/CTN.) QTY

DISTRIBUTOR IMPRINT

☐ NO ☐ YES ☐ USE DISTRIBUTOR NAME LISTED ABOVE ☐ _____

MICRO PRINTING

☐ YES AUTHORIZED SIGNATURE OR YOUR COMPANY NAME (CIRCLE ONE)
☐ NO

BORDER COPY WARNING

☐ YES Specify wording below.

TYPESTYLES

☐ AVANT GARDE ☐ CENTURY SCHOOLBOOK ☐ HELVETICA ☐ PALATINO ☐ UNIVERS
☐ BODONI ☐ GARAMOND ☐ OPTIMA ☐ TIMES

(HELVETICA UPPER CASE WILL BE USED UNLESS OTHERWISE INDICATED.)

☐ UPPER CASE TYPE
☐ Upper And Lower Case Type

NUMBERING:

MICR numbering fields must be completed or submit existing check. **DEPOSIT SLIPS WILL NOT BE ACCEPTED.**

OVERRUN ALLOWED		GUARANTEED NO MISSING #'S		STARTING NO.	ARABIC NUMBERING						PREFIX/ SUFFIX	FORMS NUMBERING (UPCHARGE)		STATIC MICR		CONSEC MICR		* MOD 9 (CONSEC)	
YES	NO *	YES *	NO		NONE	CHECK	TOP STUB	BOTTOM STUB	TWO STUBS	RED / BLACK		YES *	NO	YES	NO	YES	NO	YES	NO
					☐	☐	☐	☐	☐	☐ RED ☐ BLACK									

57 56 55 54 53 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 13

A = ON-US (⑈) D = DASH (⑆)

SPECIAL INSTRUCTIONS/ADDITIONAL FEATURES (Attach additional notes on separate sheet if needed.) If paper grade is other than 24# white micr or 20# white forms bond, please specify.

AUTHORIZED SIGNATURE _____ DATE _____