

<b>Distributor Phone</b>		<b>Distributor Order #</b>		<b>SHIP TO: (WE CANNOT SHIP TO A P.O. BOX)</b> <input type="checkbox"/> SHIP TO DISTRIBUTOR				
<b>DISTRIBUTOR NAME/ADDRESS</b>				_____ _____ _____ City _____ State _____ Zip _____ SHIP IN THE NAME OF (if other than Distributor) _____				
<b>CUSTOMER NAME</b>		<b>CUST. ORDER #</b>		<b>REPEAT ORDER #</b>		<b>FORM NAME/#</b>		
		#		#		#		
		<input type="checkbox"/> NEW ORDER		<input type="checkbox"/> CHANGE		<input type="checkbox"/> EXACT		
		<input type="checkbox"/> PROOF				<input type="checkbox"/> CONTINUOUS		
						<input type="checkbox"/> CUTSHEET		
<b>QUANTITY</b>	<b># OF PARTS</b>	<b>BASE INK COLOR</b>	<b>2ND INK COLOR</b>	<b>ITEMS TO PRINT IN 2ND COLOR</b>			<b>SHIP VIA</b>	<b>CUT SHEET PACKAGING</b>
		<input type="checkbox"/> STD. _____ <input type="checkbox"/> PMS _____	<input type="checkbox"/> STD. _____ <input type="checkbox"/> PMS _____	<input type="checkbox"/> LOGO <input type="checkbox"/> PHANTOM <input type="checkbox"/> PANTO <input type="checkbox"/> ALL SCREENS <input type="checkbox"/> VARIABLE COPY <input type="checkbox"/> ALL REVERSE HEADINGS <input type="checkbox"/> BORDER				
<b>PANTOGRAPH</b>			<b>BORDER</b>		<b>PAPER</b>	<b>DELIVERY</b>	<b>DATALOCK</b>	<b>BACKER</b>
<input type="checkbox"/> CB102	<input type="checkbox"/> CB113	<input type="checkbox"/> CB120	<input type="checkbox"/> CB130	<input type="checkbox"/> ODT103 VOID	<input type="checkbox"/> B11	<input type="checkbox"/> B26	<input type="checkbox"/> WB4	<input type="checkbox"/> REG CC (PART 1 ONLY)
<input type="checkbox"/> CB103	<input type="checkbox"/> CB114	<input type="checkbox"/> CB121	<input type="checkbox"/> CB132	<input type="checkbox"/> ODT104 VOID	<input type="checkbox"/> B12	<input type="checkbox"/> B32	<input type="checkbox"/> WB5	<input type="checkbox"/> ORIGINAL DOCUMENT SECURITY BACKER
<input type="checkbox"/> CB104	<input type="checkbox"/> CB115	<input type="checkbox"/> CB124	<input type="checkbox"/> CB134	<input type="checkbox"/> ODT124 VOID	<input type="checkbox"/> B13	<input type="checkbox"/> WB1	<input type="checkbox"/> WB6	<input type="checkbox"/> OTHER SPECIFY IN SPECIAL INSTR.
<input type="checkbox"/> CB109	<input type="checkbox"/> CB117	<input type="checkbox"/> CB128	<input type="checkbox"/> CB154 (10%)		<input type="checkbox"/> B14	<input type="checkbox"/> WB2	<input type="checkbox"/> WB7	
<input type="checkbox"/> CB112	<input type="checkbox"/> CB119	<input type="checkbox"/> CB129			<input type="checkbox"/> B15	<input type="checkbox"/> WB3		
					1. _____		<input type="checkbox"/> SAME DAY	<input type="checkbox"/> EVERY 2" <input type="checkbox"/> EVERY 3"
					2. _____		<input type="checkbox"/> 1-DAY	<input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT
					3. _____		<input type="checkbox"/> 2-DAY	<b>FILE HOLES</b>
					4. _____		<input type="checkbox"/> 3-DAY	<input type="checkbox"/> SPECIFICATIONS NOTED BELOW IN SPECIAL INSTRUCTIONS AREA
							<input type="checkbox"/> 4-DAY	

**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:**

<b>HEADING (NAME, ADDRESS AND LOGO - 5 LINES MAX)</b>	<b>CHECK STUB (NAME AND ADDRESS - 1 LINE MAX)</b>
<input type="checkbox"/> LOGO ENCLOSED (MAY BE REDUCED TO FIT AREA ALLOWED)	(MAY BE LIMITED TO NAME ONLY DUE TO SPACE CONSTRAINTS. CONSULT FACTORY.)
_____	_____
_____	<b>FORM REMITTANCE (NAME AND ADDRESS - 3 LINES MAX)</b>
_____	(MAY NOT BE AVAILABLE OR MAY BE LIMITED TO NAME ONLY. CONSULT FACTORY.)
_____	_____
_____	_____

<b>BANK (NAME AND ADDRESS - 3 LINES MAX)</b>	<b>ABA FRACTION</b>	<b>FINANCIAL TERMS (3 LINES MAX)</b>
<input type="checkbox"/> LOGO ENCLOSED (LOGO MAY NOT BE AVAILABLE ON SOME FORMS DUE TO LIMITED AREA)      TEXT POSITION NO. _____	ROUTING & TRANSIT NUMBER _____	(MAY NOT BE AVAILABLE ON ALL FORMS. CONSULT FACTORY.)
_____	<b>PHANTOM</b>	_____
_____	<input type="checkbox"/> CENTERED IN CHECK <input type="checkbox"/> CENTERED IN FORM	_____
_____	<input type="checkbox"/> SCREENED <input type="checkbox"/> REVERSED OUT	_____

<b>SIGNATURE LINES</b>	<b>SIGNATURE AREA COPY (1 LINE MAXIMUM)</b>	<b>DOUBLE WINDOW ENVELOPE</b>
<input type="checkbox"/> ONE <input type="checkbox"/> TWO		<input type="checkbox"/> ABOVE LINE <input type="checkbox"/> ENV 1 <input type="checkbox"/> ENV 2   QTY _____
		<input type="checkbox"/> BELOW LINE   (PACKED 500/BOX - 2500/CTN.)

<b>DISTRIBUTOR IMPRINT</b>	<b>MICRO PRINTING</b>	<b>BORDER COPY WARNING</b>
<input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> USE DISTRIBUTOR NAME LISTED ABOVE	<input type="checkbox"/> YES AUTHORIZED SIGNATURE OR YOUR COMPANY NAME (CIRCLE ONE)	<input type="checkbox"/> YES Specify wording below.
<input type="checkbox"/> _____		


**TYPESTYLES**

<input type="checkbox"/> AVANT GARDE	<input type="checkbox"/> CENTURY SCHOOLBOOK	<input type="checkbox"/> HELVETICA	<input type="checkbox"/> PALATINO	<input type="checkbox"/> UNIVERS	<input type="checkbox"/> UPPER CASE TYPE
<input type="checkbox"/> BODONI	<input type="checkbox"/> GARAMOND	<input type="checkbox"/> OPTIMA	<input type="checkbox"/> TIMES		<input type="checkbox"/> Upper And Lower Case Type

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

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

<b>OVERRUN ALLOWED</b>	<b>GUARANTEED NO MISSING #'S</b>	<b>STARTING NO.</b>	<b>ARABIC NUMBERING</b>				<b>PREFIX/SUFFIX</b>	<b>FORMS NUMBERING (UPCHARGE)</b>		<b>STATIC MICR</b>	<b>CONSEC MICR</b>	<b>MOD 9 (CONSEC)</b>				
YES   NO	YES   NO		NONE	CHECK	TOP STUB	BOTTOM STUB	TWO STUBS	<input type="checkbox"/> RED <input type="checkbox"/> BLACK	YES	NO	YES	NO	YES	NO	YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									

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.