

Checks Order Form

New Order
 Reorder # _____



Independent Printing
 www.independentprinting.com

Mail this order form to: **Independent Printing Company, Inc.**, P.O. Box 5790, De Pere, WI 54115
 You may also fax this order form to 866-894-1290. Questions? Call toll free 866-487-1370.

P.O. # _____
 Contact Person: _____ Date of Order _____

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

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: _____

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

Shipping:
 Ground 2nd Day Air* Next Day Air*
 Parcel Post* (Canada) 2nd Day Air* (Puerto Rico)
 Allow 2-6 working days for Ground Service, once your order is shipped.
 *Next Day, 2nd Day and or Parcel Post is in addition to ground freight charge.
 STANDARD SHIPPING SCHEDULE - Orders received by 12 P.M. CT will leave our plant within 2 working days.
 \$17.50 Rush Service - 24 hour production time

Checks & Deposit Tickets (Refer to color chart on back of form for color and pantograph styles & availability.)

Product Style	Color	# of Parts	Description/Carbon or Carbonless	Start #	Qty	Binding Style

Express Check Kits

EXPRESS START-UP-KIT Kit Qty: 150 500
 EXPRESS LASER-KIT Kit Qty: 250 500
 200 booked deposits 250 1/sheet laser deposits

BINDERS

7-Ring Plastic Spiral Blue Charcoal Green

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 200 400 600
 Other Qty: _____
 1-part 2-part 3-part

MISCELLANEOUS

Pocket Cover Compact Cover RA - Return Address Stamp
 Pocket Register Compact Register RS - Endorsement Stamp

CHECKS

Reverse Numbering (Laser Checks Only) - Standard is face up, low number on top
 Proof (Additional Charge) Fax _____
 Email _____

LASER ENVELOPES

DWE DWQ DWQS DWM Checkbook Pocket Organizer

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

Signature Lines 1 line (default) 2 lines 3 lines

Please indicate option _____

If text is needed in signature area, please print below:

Bank Logo # _____ Fraction # _____

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

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

Laser Check Colors

Product Code	Page	Blue	Green	Gray	Cranberry	Purple	Yellow Marble	Orange Marble	Turquoise Marble	Purple Marble	Teal Marble	Tan Marble	Blue Marble	Mauve Marble
LQA	4	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
LQAL	4	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
LQT	4	✓	✓	✓	✓						✓	✓		
LQTL	4	✓	✓	✓	✓						✓	✓		
IPA	5	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
IPP	5	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
IPM	5	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
IPM34	5	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
IGP	5	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
IGA23	5	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
IGA4	5	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
IGM	5	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
IGM	5	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
IGM23	5	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
IPLB	6	✓	✓		✓							✓	✓	
ML	6	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

3-On-A-Page Check Colors

Product Code	Page	Basketweave Safety Paper					Linen Pantographs				Marble	Parchment	
		Blue	Green	Gold	Gray	Pink	Blue	Green	Gray	Tan	Teal	Tan	
FS	8	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
S	9	✓	✓	✓	✓	✓							
SSM	9	✓	✓	✓									
SI	9	✓	✓	✓									
FSP	9	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
SP	10	✓	✓	✓	✓	✓							
SPSM	10	✓	✓	✓									
SDP	10	✓	✓	✓	✓	✓							
950	10	✓	✓	✓	✓	✓							
950 NB	11	✓	✓	✓	✓	✓							
950 SM	11	✓	✓	✓									
IPC	11	✓	✓	✓	✓	✓							