

# 3 ON-A-PAGE CHECKS REORDER FORM

## STEP 1

<b>DISTRIBUTOR</b>	
Name _____	
Street Address _____	
City State and Zip _____	
Phone _____	P.O.# _____
<b>SHIP TO</b> (WE CAN NOT DELIVER TO A P.O. BOX) Order No. _____	
Contact Name _____	
Firm Name _____	
Street Address _____	
City State and Zip _____	
<b>SHIPPING METHOD</b>	
<input type="checkbox"/> <b>Ground</b> (Allow 2-6 working days for Ground service, once order is shipped.) STANDARD SHIPPING SCHEDULE Orders received by 11 a.m. CT, will ship in 2 business days.	
<input type="checkbox"/> Rush charge call for pricing. Production time: 24 hours.	

## STEP 2 Check Selection

X = Not Available

<b>3-ON-A-PAGE CHECKS</b>										
Quantity <input type="checkbox"/> 150 <input type="checkbox"/> 300 <input type="checkbox"/> 450 <input type="checkbox"/> 600										
Choose Check/Paper/Color:										
		Blue	Burgundy	Green	Pink	Purple	Tan	Teal	Yellow	
<b>FS</b>	Safety	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	
	Knit	<input type="checkbox"/>	X	<input type="checkbox"/>	X	X	<input type="checkbox"/>	X	<input type="checkbox"/>	
	Marble	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>	X	<input type="checkbox"/>	X	
	Parchment	X	X	X	X	X	<input type="checkbox"/>	X	X	
<b>950</b>	Safety	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	
<b>FSP</b>	Safety	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	
	Knit	<input type="checkbox"/>	X	<input type="checkbox"/>	X	X	<input type="checkbox"/>	X	<input type="checkbox"/>	
	Marble	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>	X	<input type="checkbox"/>	X	
<b>S</b>	Safety	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	
<b>SP</b>	Safety	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	
No. of Parts: <input type="checkbox"/> Original <input type="checkbox"/> Duplicate Carbonless										

<b>COMPACT 3-ON-A-PAGE CHECKS</b>							
(Includes 300 FS Style Business Checks, and check register.)							
Choose Check/Paper/Color: <input type="checkbox"/> Other _____ (in 300's)							
		Pink	Blue	Green	Gold	Grey	Tan
<b>FS</b>	Basketweave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	**
	Linen	**	<input type="checkbox"/>	<input type="checkbox"/>	**	<input type="checkbox"/>	<input type="checkbox"/>
	Marble	**	**	<input type="checkbox"/>	**	**	**
	Parchment	**	**	**	**	**	<input type="checkbox"/>
No. of Parts: <input type="checkbox"/> Original <input type="checkbox"/> Duplicate Carbonless							

<b>POCKET CHECKS</b>	<input type="checkbox"/> 50	<input type="checkbox"/> 150	<input type="checkbox"/> 300	<input type="checkbox"/> 450	<input type="checkbox"/> 600
	<input type="checkbox"/> Pocket Check Cover				
Includes 12 Carbonless Deposit Tickets (2-part) and Check Register. Quantity of 50 is available ONLY in Blue Safety. Checkbook Cover is NOT INCLUDED.					
No. of Parts: <input type="checkbox"/> Original <input type="checkbox"/> Duplicate Carbonless					

<b>ADDITIONAL PRODUCTS</b>	
<input type="checkbox"/> 7-Ring Binder - Select color:	
<input type="checkbox"/> Black	<input type="checkbox"/> Blue <input type="checkbox"/> Burgundy
<input type="checkbox"/> Pocket Check Cover	<input type="checkbox"/> Quick Start System Organizer
<input type="checkbox"/> Compact Checks Cover	<input type="checkbox"/> Pocket Checks Register
<input type="checkbox"/> Checkbook Pocket Organizer	<input type="checkbox"/> Compact Checks Register
<input type="checkbox"/> 2-Part Deposit Tickets (200 Booked)	
Special Instructions: _____	
_____	
_____	
_____	
_____	
_____	

PLEASE INDICATE ANY CHANGES ON SAMPLE. Your order will start with the number below unless you indicated otherwise.

<b>FOR OFFICE USE ONLY</b>	
<input type="checkbox"/> 1 _____	<input type="checkbox"/> SI _____
<input type="checkbox"/> 2 _____	<input type="checkbox"/> PM _____
<input type="checkbox"/> 3 _____	<input type="checkbox"/> PP _____
<input type="checkbox"/> LR _____	<input type="checkbox"/> RS _____
<input type="checkbox"/> SH _____	
<input type="checkbox"/> MULTIPLE SHIP _____ / _____	
<input type="checkbox"/> _____	
Bin# _____	<input type="checkbox"/> Return Artwork
Order # _____	