

LASER CHEQUE ORDER FORM

Please make extra copies for future use

Fill out **all** information and return by fax to **1-800-663-9023**. PLEASE PRINT CLEARLY

Company: _____ Contact: _____

Address: _____ City: _____ Prov: _____ PCode: _____

Phone: _____ Ext. _____ Fax: _____

Email Address: _____ P.O.#: _____

Quantity: 500 1,000 2,000 3,000 5,000 10,000 Start # (i.e. 000201) _____

CPA now requires a consecutive MICR Gothic Numbering? Yes No Signature Lines: 1 Line 2 Lines

Transit / Bank / Account:

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	12	11	10	9	8	7	6	5	4	3	2	1
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Background Colour (Pantograph): Red 185 Green 347 Reflex Blue (background will be Reflex unless otherwise stated)

Choose the cheque layout that works with your software: Accounting software will be: _____
 Cheque Top Cheque Middle

Choose your level of Stock: 24lb bond white Basic security Docucheck Basic Medium security Docucheck Impede High security Docucheck Watermark

Choose the typestyle you want: (Helvetica will be used unless otherwise stated.)

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Helvetica, bold | <input type="checkbox"/> Helvetica condensed | <input type="checkbox"/> COPPERPLATE | <input type="checkbox"/> Kabel, bold |
| <input type="checkbox"/> Times, bold | <input type="checkbox"/> Souvenir, bold | <input type="checkbox"/> Eras, bold | <input type="checkbox"/> Futura, bold |
| <input type="checkbox"/> Optima. bold | <input type="checkbox"/> Garamond, bold | <input type="checkbox"/> Franklin. bold | <input type="checkbox"/> Universe, bold |

Information to appear on Cheque: Please Print Clearly (All text & any logos on cheques will be printed in black.)

Is there a logo on cheque? Yes (Add \$10 for logo placement) No Email eps of logo to service@sinclairforms.on.ca

Company Name: _____

Street: _____ City: _____

Prov./State: _____ PC/Zip: _____

Phone: _____ Fax: _____

Bank Information -

Bank Name: _____

Street: _____ City: _____

Prov./State: _____ PC/Zip: _____

Currency Designation required: None CDN funds USD funds Other: _____

Clearing through US information: _____

Please fax a void cheque sample with order, a bank provided spec sheet or complete the bank section above.

Shipping Address (Only fill in if different than Billing) Shipping attention to: _____

Street: _____ City: _____ Prov: _____ PC: _____

Phone () _____ Ext. _____ Fax () _____