

P.O. Box 745 • Ooltewah, TN 37363 (800) 770-3466 Fax (800) 797-2497 www.pcsbusinessforms.com

1 F	ILL IN	I CC	MP	AN	IY IN	FOR	RM/	ATION	HE	RE	DATE					
AREA COD	DE PH	ONE NUME	BER		FAX	NUMBER			AUTH	ORIZED SIGNATUR	RE					
mail										SOFTWARE USERS are do you use						
ILL	TO:	DO NO	T USE F	FOR I	PRODUCT	IMPRIN	T INFO	ORMATION.		SHIP 1			ent from billi	ng address. Idress — no	PO Box	
										Delivery Options	One-Day Air	Two-Day A	ir 🗌 Standard	Ground		
MPANY N	IAME									(Additional shipping charges will be added to your invoice). See Ordering Information. TITLE						
										COMPANY NAME						
REET (PC	BOX HOLDER,	please inclu	ide street ac	ddress)		F	LOOR, F	ROOM or SUITE N	NUMBER	COMPANY NAM	IE					
										STREET ADDRESS FLOOR, ROOM or SUITE NUMB						
TY AND STATE ZIP CODE									IP CODE	CITY STATE ZIP CODE						
2 (ORDEI	R AL	L PI	RO	DUC	TS H	HER	RE EXC	EP1	Statio	nery and	l Busi	iness C	ards (se	e belov	v)
QTY.	PRODUCT NUMBER	DESCRIPTION			LAYOUT		INK/ PAPER COLOR(S)	STARTI CON REVER	NG NUMBER FOI ISECUTIVE OR RSE NUMBERING	ENVELOPES:	SIZE	CLOTHING COLOR	TYPESTYLE NUMBER	BUSINESS DESIGN** NUMBER	\$ AMOUN	
									CONSE	C.# REVERSE	:#					
DC	ED ST	ΔΤΙ	NIE	:DV	//DIIG	SINIE		CARD	'C LI	EDE.						
	EK 31			: 1	7603	SIIVE		1	'3 П	2		3		4	5	
QTY.	PRODUCT NUMBER	DESCRIPTION			PAPER			LAYOUT	FINISH		TYPESTYLE	BUSINESS DESIGN**	\$ NOMA			
	NOMBER					COLOR		FINIS	FINISH		COLOR(S)	RAISE	ED OR FLAT	NUMBER	NUMBER	7111001
'AY	MENT	ME	THC	OD	:	1				IMPR	INT EX	TRA9	· ·	I		\$ AMOU
CARD NUMBER									☐ FREE BUSINESS DESIGN							
								☐ YOUR OWN COMPANY LOGO						NO CHARG NO CHARG		
Month / Year						EXTRA WORDING For terms, etc, \$9.00 additional charge per product.						CHARL				
Ex	piration Date						Che	ck #								
		Your o	der, plus s	shippin	ig and proces	ssing, wi ll b	oe charg	ged to your credi	it card							
AME_ .EASE P	PRINT AS SHOV	VN ON CF	EDIT CAR	RD.						We are require	ed to charge state, o	ounty or lo	nal nal			
SIGNATURE								We are required to charge state, county or local sales tax, based on your state regulations. No C.O.D. orders, please. Shipping and processing charges added to invoice. THANK YOU! TOTAL								
										Shipping and p	processing charges	added to in	voice. IHA	NK YOU!	TOTAL	
verse if MA r check r new l	numbering a AIL OR F. k orders) and	available AX: S I a samp ts, includ	e on all l end you le depos le a MIC	aser or com	checks. Ca pleted Ord set (for dep	II for det ler Form osit ticke	tails. with a et orde	sample chec rs) marked "V t by your bank	:k /OID."		3	Attach a p Type or pospace, ple	orinted sample rint all reques ease attach a	e to Order For ted information separate shee		ding below. need mor
Y PH	IONE: Ple	ease hav	e a sam	ple ch	heck ready	, C		NE: Mark o			IMPRIN'	FOR P	RODUCT(S) #		
ordering checks), a sample deposit ticket (if ordering posit tickets), or a MICR specification sheet filled out your bank for bank routing numbers and bank current checks/deposit tickets with "VOID". Fax to PCS at 1-800-797-2497.											Line 1					
print in	formation. The les represent	nen call i	us at 1-8	00-77	70-3466	1-	500 - 13	0. ∠ 1 01.			Line 2					
eck or	deposit ticke	t with thi	s MÍCR	grid.		ded for prod	nnioser	our order Re sure	a to specifi	consecutive number	Line 3					
JUSU INULL	e. Any numbers u IECKS:	o ano icit Ul	uno mot oyl	T) IUUI (I	. , are not nee	aou ioi piot	Juddiny y	roul viuol. DE SUIT	o to openiy	ooriooouuve nunnut	•					
OR CH = III ^{II} = III		39 38 3	7 36 35			29 28 27	26 25	24 23 22 21	20 19 18	3 17 16 15 14	13					
= III ^{III}		39 38 3	7 36 35	34 33		29 28 27	26 25	24 23 22 21	20 19 18	3 17 16 15 14	13 Line 5					