

Custom Order Form

Today's Business Solutions

FOR YOUR CONVENIENCE, PHOTOCOPY THIS ORDER FORM FOR FUTURE USE.

Order by Fax or Online

Fax: 713.861.8638 or Email: info@tbsx.com Questions before ordering? Call 877.895.6532

Signatures and Logos must be submitted in actual size to fit stamp ordered and must be in **black ink** on a separate sheet of **white unlined paper**. For signature orders, please submit **three (3)** original signature examples. Signatures and Logos must

be mailed to **TBS - 1919 Lubbock St, Houston, TX 77007 Attn: Custom Dept.**, and will require additional time to ship.

Custom order is not subject to change or cancellation.

SHIP TO*:

*Required Fields

PIN:	Account #:	Consignee #:
Company:	Email Address:	
Contact Name:	PO #:	
Address:	Credit Card #:	Exp.:
Suite, Room, Floor:	Cost Center:	
City, State, Zip:	Release:	
Phone: EXT.	Routing:	
Fax:	SHIPPING INFORMATION: Orders ship within 5 days. Please allow for normal transit time from manufacturer.	

PLEASE USE ONE ORDER FORM PER ITEM.		<input type="checkbox"/> Quote Only
*Item No.		Total Price
<input type="text"/>	<input type="text"/>	<input type="text"/>
*Quantity	Item Price	2014 Order Form for pages 738-742. Rush orders only apply to shipping and will not expedite processing time:
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Next Day <input type="checkbox"/> 2 nd Day
If no quantity is entered, we will produce one.		Charges will be added to your invoice.

STAMPS		PLEASE CHECK THE APPROPRIATE BOX		SIGNS & NAME BADGES		PLEASE CHECK THE APPROPRIATE BOX	
2000 PLUS[®] Replacement Pads <input type="checkbox"/> R1ARP , Replacement Pad 1-Color, \$9.30 Stamp Item No. for Replacement Pad: _____ <input type="checkbox"/> R1ARP2 , Replacement Pad 2-Color, \$10.30 Stamp Item No. for Replacement Pad: _____		Stamp Type Style Choice <input type="checkbox"/> Swiss <input type="checkbox"/> Times New Roman <input type="checkbox"/> Zapf Chancery		Holder Color (Standard) <input type="checkbox"/> Gold <input type="checkbox"/> Black <input type="checkbox"/> Silver (Designer) <input type="checkbox"/> Black <input type="checkbox"/> Gray		Badge Fasteners <input type="checkbox"/> Pin Back <input type="checkbox"/> Swivel Cup Wall Sign Backing Tape <input type="checkbox"/> Adhesive Tape <input type="checkbox"/> Drill Holes <input type="checkbox"/> VELCRO [®] <input type="checkbox"/> Foam Tape <input type="checkbox"/> No Backing	
*Stamp & Pad Ink Color <input type="checkbox"/> Black <input type="checkbox"/> Green <input type="checkbox"/> Red <input type="checkbox"/> Violet <input type="checkbox"/> Blue <input type="checkbox"/> Pink (Xstamper Only)		Dater Copy Color <input type="checkbox"/> Black <input type="checkbox"/> Green <input type="checkbox"/> Black <input type="checkbox"/> Red <input type="checkbox"/> Violet <input type="checkbox"/> Red <input type="checkbox"/> Blue		Date Color <input type="checkbox"/> Black <input type="checkbox"/> Red <input type="checkbox"/> Blue		*Sign or Badge Color No. <input type="checkbox"/> Helvetica Medium <input type="checkbox"/> Gothic <input type="checkbox"/> Optima <input type="checkbox"/> FUTURA CAPS <input type="checkbox"/> Times New Roman	
*PRINT YOUR CUSTOM COPY BELOW:				Special Instructions <input type="checkbox"/> Caps <input type="checkbox"/> Add Border <input type="checkbox"/> Bold <input type="checkbox"/> Upper/Lower <input type="checkbox"/> Centered <input type="checkbox"/> Flush Left <input type="checkbox"/> Match Sample <input type="checkbox"/> Font Size _____ (actual typed or stamped text)			
				Notary Stamp Orders: Please include a copy of notary certificate for all notary stamp orders.			

*TYPE SIZE WILL BE INCREASED TO FILL IN STAMP SIZE ORDERED. IF NO TYPE STYLE, INK OR FORMAT IS CHOSEN, WE WILL DEFAULT TO SWISS CAPS, BLACK INK AND CENTERED FOR STAMPS. FOR SIGNS OR BADGES, GOTHIC, ALL CAPS, BLACK WITH WHITE LETTERING WILL BE CHOSEN. **NOTE: FAXING CAUSES SHRINKAGE, IF YOUR STAMP REQUIRES EXACT MEASUREMENTS PLEASE NOTE DIMENSIONS IN SPECIAL INSTRUCTIONS.**

OFFICEMAX USE ONLY:

LOCATION # _____ INVOICE # _____ DATE ENTERED _____

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