









Simply PRINT this page, COMPLETE the easy-to-follow steps & EMAIL/FAX for rapid service

| | | |
|--|---|---|
| 1 CUSTOMER DETAILS <hr/> <p>Account Code: _____</p> <p>Company Name: _____</p> <p>Name: _____</p> <p>Address: _____</p> <p>State: _____ Postcode: _____</p> <p>Telephone: _____</p> <p>Fax: _____</p> <p>E-mail: _____</p> | 2 QUANTITY <small>(Default is 1)</small> <p>-----</p> | 3 BORDER <small>(Default is No)</small> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| | 4 INK COLOUR <small>(Default is Black)</small> <p><input type="checkbox"/> Black</p> <p><input type="checkbox"/> Blue</p> <p><input type="checkbox"/> Red</p> <p><input type="checkbox"/> Green</p> <p><input type="checkbox"/> Purple</p> | 5 TEXT ALIGNMENT <small>(Default is Centred)</small> <p><input type="checkbox"/> Left</p> <p><input type="checkbox"/> Centred</p> <p><input type="checkbox"/> Justified</p> <p><input type="checkbox"/> Fill Stamp Area</p> |

| 6 TYPE OF STAMP REQUIRED (Please choose the correct stamp code from the opposite page) | | | |
|--|--|---|---|
| <input type="checkbox"/> SELF INKING <input type="checkbox"/> RUBBER ONLY Code _____ Width _____ Depth _____    | <input type="checkbox"/> PRE-INKED Code _____ Width _____ Depth _____   | <input type="checkbox"/> CONVENTIONAL RUBBER STAMP <input type="checkbox"/> COMMON SEAL Code _____ Width _____ Depth _____   | <input type="checkbox"/> DATE STAMP <input type="checkbox"/> SELF-INKING Code _____ Width _____ Depth _____  |

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|--|--|--|----------------------------------|--------------------------------|--|--|-------------------------------------|--|--------------------------------------|---------------------------------------|--|--|---|
| 7 SELECT TYPEFACE <small>(Tick preferred typeface)</small> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Arial</td> <td><input type="checkbox"/> Bookman</td> <td><input type="checkbox"/> Verdana</td> <td><input type="checkbox"/> -----</td> </tr> <tr> <td><input type="checkbox"/> Arial Rounded</td> <td><input type="checkbox"/> Bookman Italics</td> <td><input type="checkbox"/> Comic Sans</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Arial Black</td> <td><input type="checkbox"/> Bookman Bold</td> <td><input type="checkbox"/> Times New Roman</td> <td></td> </tr> </table> | <input type="checkbox"/> Arial | <input type="checkbox"/> Bookman | <input type="checkbox"/> Verdana | <input type="checkbox"/> ----- | <input type="checkbox"/> Arial Rounded | <input type="checkbox"/> Bookman Italics | <input type="checkbox"/> Comic Sans | | <input type="checkbox"/> Arial Black | <input type="checkbox"/> Bookman Bold | <input type="checkbox"/> Times New Roman | | 8 SET TEXT IN: <small>(Default is U/L Case)</small> <p><input type="checkbox"/> CAPITALS</p> <p><input type="checkbox"/> Upper & Lower Case</p> <p><input type="checkbox"/> As below</p> |
| <input type="checkbox"/> Arial | <input type="checkbox"/> Bookman | <input type="checkbox"/> Verdana | <input type="checkbox"/> ----- | | | | | | | | | | |
| <input type="checkbox"/> Arial Rounded | <input type="checkbox"/> Bookman Italics | <input type="checkbox"/> Comic Sans | | | | | | | | | | | |
| <input type="checkbox"/> Arial Black | <input type="checkbox"/> Bookman Bold | <input type="checkbox"/> Times New Roman | | | | | | | | | | | |

| | |
|--|---|
| 9 STAMP DETAILS <div style="border: 1px solid black; height: 150px; width: 100%;"></div> | TYPESTYLE <small>(Select by line)</small> <div style="border: 1px solid black; height: 150px; width: 100%;"></div> |
| SPECIAL INSTRUCTIONS _____ _____ _____ | |

If you require a logo or an image on your stamp design please email a high resolution JPG or PDF of it along with this form to sales@adelaidedirectstationers.com.au