

Order Form

Payment Details

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Credit Card Exp: _____ CCV: _____

Customer Details

Company: _____
 Attn: _____
 Address: _____
 Postcode: _____
 Phone: _____
 Fax: _____

Shipping Options

Post Courier Collect

Product

Qty

eg. S823

Email: _____

Stamp Style

Stamp Measurements

Border

Rubber Stamp Self Inker _____ mm x _____ mm Yes No

Layout

Bottle of Ink

Left Centre Right Justify Own Style Please attach instructions

Make of stamp _____

Stamp Colour

Black Blue Red Violet Green Pink

Small Large _____ Colour

Font

Stamp Details

Special Instructions

Fonts

CODE	FONTNAME	CODE	FONTNAME	CODE	FONTNAME
F	FUTURA	A	ARIAL	TM	TIMES
F-B	FUTURABOLD	A-B	ARIALBold	TM-B	TIMESBOLD
Z	ZapfChancery	S	SWISS	ALT	ALTERNATEGOTHIC
Z-B	ZapfChancery	S-B	SWISSBOLD	MH	MurrayHill
C	COMIC SANS	V	VanDijk	SQ	SQUARE721CnBt