Date

Checks & Deposit Slips

ORDER FORM

PRINT FORM

Order Number

Date Received

(Above two boxes Pyramid's use only.)

Page ____ of ____

SHIP TO

Shipping Method (via UPS, unless specified otherwise)

○ Ground ○ **2nd Day Air** ○ **1 Day Air** ○ 3rd Party:

Ship To

Address

Address

City | State (Select) | Zip

Attention

Notes:

CUSTOMER / BANK LOGO

☐ **NO LOGO(S) USED**

☐ **LOGO(S) EMAILED:** orders@pyramidchecks-printing.com

☐ **LOGO(S) UPLOADED:** www.pyramidchecks-printing.com

☐ **LOGO(S) MAILED:** 208 Riverside Ind. Pkwy., Portland, ME 04103

☐ **LOGO(S) FAXED:** (800) 894-5707

☐ **BANK LOGO** ______________________ (*Bank Name*)

☐ **LOGO IS ENTIRE IMPRINT**

**DISCLAIMER: We can only accept logos that are provided in solid black. We will not be held responsible for a poor reproduction of any logos that are in color, screened, containing drop shadows, severely faded or severely bitmapped. Please feel free to call us for any clarification or corncerns you may have about your logo.*

BILL TO

Dealer's Name

Address

City | State (Select) | Zip

Phone #

Attention | Dealer P.O. No.

NEW OR REPEAT ORDER

◉ New ○ Exact Repeat ○ Repeat w/ change

Previous Order #: ____________ Date:

ORDER DESCRIPTION

Product Number:

Delivery (**1, 2 & 3 DAY** will result in ***RUSH CHARGES)*** Date Due:

○ 1 DAY ○ 2 DAY ○ 3 DAY ○ Normal Del.

Product Name / Description

Quantity | Pantograph Color | Starting No.

Software with Version / Format

Special Instructions:

Proof Required? ○ YES ◉ NO

• Please Provide Actual Sample or Bank Specifications on a Second Sheet for First Time Orders •

CUSTOMER IMPRINT

☐ Do Not Print Info | ☐ Line 2 - **Bold** ☐ Line 2 - On Voucher | Align: ☐ Left ☐ Center Format: ☐ CAPS ☐ U/L

Line 1

Line 2

Line 3

LIne 4

Line 5

BANK IMPRINT

☐ Do Not Print Info | ☐ Line 2 - **Bold** | Format: ☐ CAPS ☐ U/L

Line 1

Line 2

Line 3

LIne 4

Line 5

Fractional Routing Number | Branch Number

MICR Line Info: ◉ Personal ○ Business ○ Checks ○ Deposit Slips

(A) TRANSIT **A** (B) AMOUNT **B** (C) ON US **C** (D) DASH **D**

(S) SEQUENTIAL CHECK NO. (N) ACCOUNT NUMBER (X) BLANK SPACE

58	57	56	55	54	53	52	51	50	49	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
														X	A										A																			