

Delivery Address (No not use for product imprint)

Company _____
 Contact _____
 Address _____ Apt _____
 City _____ State _____ Zip _____
 Phone (____) _____ Fax (____) _____
 Daytime (____) _____
 Email Address _____

Payment Information

Check/Money Order Enclosed (Made Payable to Intuit)
 Visa Mastercard American Express Discover
 Card Number _____
 Expiration (Month/Year) ____ / ____ CID# _____
 Credit card street address _____
 Credit card billing zip code _____
 Name as it appears on card _____
 Signature _____

Imprint Information

Check here if imprint is the same as your endorsed sample. If different, please indicate any changes on your sample.

Special Information _____

Account Information

Check here if bank imprint is the same as your endorsed sample. If different, please indicate any changes on your sample.

Bank Name _____ Account # _____
 Bank Address _____ Routing # _____
 Bank City/ST/ZIP _____ Fraction Line _____ - _____ / _____ (Ex. 35-241/640)

Product Information

All check orders must be accompanied by a voided check copy.

| Quantity | Check Type | Description | Format or Software Version | Color | Starting # | Reverse Numbering | Price |
|----------|------------|-------------|----------------------------|-------|------------|--------------------------|-------|
| | | | | | | <input type="checkbox"/> | |
| | | | | | | <input type="checkbox"/> | |
| | | | | | | <input type="checkbox"/> | |
| | | | | | | <input type="checkbox"/> | |

| Quantity | Product | Description | Price |
|----------|-------------------|-------------|-------|
| | Envelopes | | |
| | Endorsement Stamp | | |
| | Security Pen | | |
| | Deposit Slips | | |

 **Your checks need envelopes!**
 Add some to your order below.

| | |
|-------------------------------------|--|
| Subtotal (prices subject to change) | |
| 5.5% Sales Tax (If applicable) | |
| TOTAL | |

Please Remind Me! I use _____ checks per month.
 Please let me know when my check supply is running low.