IMPRINT SPECIFICATIONS	CUSTOMER NUMBER SUFFIX
for BREAKOUT COUPONS	
BANK-A-COUNT CORPORATION	
P O Box 167 1666 Main St Rudolph WI 54475-0167	Enter a unique 3 digit
Phone (715) 435-2017 FAX (715) 435-4616	numeric # for this imprint
1) Distribution	Designing your Coupons
<u></u>	Design the format of your coupons by completing this form. Provide specific written instructions for any special requests you may have, such as lasered inserts or other formatting not covered on this
☐ Mail books directly to the end user of the book * ☐ Mail "books only" to our office	form.
Mail books to our office, pre-stuffed in envelopes with	NOTE: The "Customer Number" is used in conjunction with the "Suffix" to control the coupon printing
loose mailing page* **	process. The combination of these numbers is critical to the proper printing of your finished product.
* These are additional charge items, refer to your pricing	You will control the suffix numbers yourself above for each imprint.
under Mailing Services for costs ** Not available with order card requests	A replacement form received for a particular setup will over-ride pre-existing data stored on
ļ.	our system for that setup. Allow 3 business days for implementation.
Optional Products	2) Name and Address of Payee to which remittances should be addressed
Reply Envelopes	- 7 Hame and Address of Layee to winding intermittations should be addressed
Yes, Provide reply envelopes	
when mailing books.	
Protective Jackets	
Yes, Provide each book with a protective	│ ┃
jacket to protect book from damage.	
Assessed English and Administration and Administrat	State 9 Digit Zip Code
(5) (8)	Note: If a picture is selected below, you can not use the first
	three positions of each of the four lines above.
HAPPY LABOR DAY PAYMENT NO. ACCOUNT NUMBER DUE DATE AMOUNT DUE ONLY NO. 100 000 000 000 000 000 000 000 000 00	
001 100 09-01-00 500.00 MR. & MRS. JOHN DOE AFTER PAY	3) Stock Picture
MR. & MRS. JOHN DOE AFTER PAY MAKE CHECK PAYABLE TO: 99-15-00 \$550.00 PLAZA 20 Intermediate To the component to the pay payment to the component to the payment to the pa	Select a Stock Picture by
10 10 10 10 10 10 10 10	circling one desired
PLACA 20 CANLE TEE 50.00 ABOUT TOWN USA 12345 OF YAY A GA WANAGEMENT HESSINVE FEE 50.00 OF YAY A GA WANAGEME	☐ Custom Logo (call for details)
6 4 0 067057 490000000100000500007	A) Names and address familia: 1, 11, 11, 11, 11, 11, 11, 11, 11, 11,
4 3 2 9 6	4) Name and address for detachable return label
6) Breakout Area provide up to 5 lines of 10 characters	
6) Breakout Area provide up to 5 lines of 19 characters each for the titles of the itemized fees on your datafile.	
	_
	State 9 Digit Zip Code
	 Descriptive Heading provide a 2 line, 30 character message to appear in the middle of each coupon.
7) Late Fees If a payment were scheduled for the 1st, late fee applies AFT	TER the th of month
	
	OR Late charge to be calculated at% of the Amount Due, with a
minimum of \$, and a maximum of \$	_·
8) Monthly Messages are controlled by the month-of-the	year. Commonly used for "marketing" messages, or for "collection / servicing" messages.
☐ Typed listing of messages of up to 37 characters per m	nonth is attached. OR Use this message for all coupons.
,,	
9) Scan Line Complete grid or attach current sample.	OCR-A 3-of-9 Bar Code MICR
o, coan Line complete gnd of attach current sample.	
55 50 40	20 20 40 4
-	30 20 10 1
10) Return Address (to be used in case of undeliverablisherent from Name and Address of Payee to print on the contract of t	ble mail) it
amerent nom rvame and Address of Fayee to pillit offit	
	FROM: 10 SAPLE ASSOCIATION THE PROPERTY OF THE
	TO: BLI HOMEOWNER SKY PROSPECTST PA
	LPTOWN CITY US 50769
State 9 Dig	git Zip Code 00082501