

ORDERED BY:

Your Name _____

Your FAX # _____

Your Company Name _____

Page _____ of _____

Please review your input before faxing to assure legibility and completed information. Orders which are not completely legible, or which contain missing information will have to be returned unprocessed.

ENTER 3-digit SUFFIX # HERE if you have more than one "Remittance Name/Address"

| | | | | | |
|---|--------|--|-----------------|------|-------------------------------|
| | | | ACCOUNT NUMBER | | ORDER NUMBER |
| CUSTOMER NUMBER | SUFFIX | CUSTOMER NAME(S) | | | 7610 |
| | | | | | PAYMENT AMOUNT(S) |
| SELECTED COUPON STYLE | | | | | |
| PC-7 BLUE | | | | | Pmt. Frequency if not monthly |
| | | OPTIONAL DESCRIPTIVE HEADING etc to print in center of tickets | | | DATE OF FIRST COUPON |
| | | | | | / / |
| <div style="border: 2px solid black; border-radius: 15px; height: 100px; width: 100%;"></div> | | | | | Begin Pmt # _____ |
| <p>ENTER LEGIBLE SHIPPING ADDRESS IN BOX ABOVE</p> | | | | | End Pmt # _____ |
| | | | | | LATE FEES |
| | % | Maximum Penalty | Minimum Penalty | Days | |
| | | \$ | \$ | | |

NOTE: the data you enter in "Shipping Address" is used by the US Postal Service for mail delivery, please enter a clear, legible and complete address in the area provided.

Standard orders typically ship within two or three working days.

For the most reliable and legible order submissions, please forward original order input instead of faxes for standard orders. (Reserve FAX orders for "RUSH" orders and/or special handling)



1666 MAIN ST - PO BOX 167
 RUDOLPH WI 54475-0167
 FAX (715) 435-4616

Thank you for your order