

RUBBER STAMP FAX ORDER

Email: sales@engravorx.com.au
 Web: www.engravorx.com.au
 Shop 5, Station Rd
 Burpengary Qld. 4506
 Phone: (07) 3888 4638
 Mobile: 0419 753 035
 Fax: (07) 3888 4649
 ABN: 15 707 400 924



Date: / /

Purchase Order No:

FAX TO: (07) 3888 4649

<p>Your Customers Details:</p> <p>Name:</p> <p>Address:</p> <p>.....</p> <p>Phone: Fax:</p> <p>Contact Name: O/No:</p>	<p>Deliver To: <small>Please stamp your details here. (Including Name, Phone & Fax Numbers.)</small></p> <p>Pick Up- <input type="checkbox"/></p> <p>Send- <input type="checkbox"/> Registered Post <input type="checkbox"/> Express Post <input type="checkbox"/> Courier <input type="checkbox"/></p>
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<p>Self Inking: <input type="checkbox"/></p> <p><input type="checkbox"/> Ideal 50 <input type="checkbox"/> Ideal 5732</p> <p><input type="checkbox"/> Ideal 100 <input type="checkbox"/> Ideal 5742</p> <p><input type="checkbox"/> Ideal 200 <input type="checkbox"/> Ideal 5770</p> <p><input type="checkbox"/> Ideal 300 <input type="checkbox"/> Ideal 170 R</p> <p><input type="checkbox"/> Ideal 5714 <input type="checkbox"/> Ideal 400 R</p> <p><input type="checkbox"/> Ideal 5722 <input type="checkbox"/> Other</p>	<p>Ink Colour:</p> <p><input type="checkbox"/> Black</p> <p><input type="checkbox"/> Blue</p> <p><input type="checkbox"/> Red</p> <p><input type="checkbox"/> Green</p> <p><input type="checkbox"/> Violet</p> <p><input type="checkbox"/> Dry</p>	<p>Quantity:</p> <p><small>Please give details below when using this section</small></p> <p style="text-align: center;">↓</p> <p>Code:</p> <p>or</p> <p>Height: <input type="text"/></p> <p>Length: <input type="text"/></p>	<p><input type="checkbox"/> Vue Stamp:</p> <p><input type="checkbox"/> Dater:</p> <p><input type="checkbox"/> Numberer:</p> <p><input type="checkbox"/> Replacement Rubber:</p> <p><input type="checkbox"/> Replacement Ink Pad:</p>
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PLEASE PRINT CLEARLY IN BLACK PEN ONLY

Left Alignment <input type="checkbox"/>	Centre <input type="checkbox"/>	Right Alignment <input type="checkbox"/>	Border <input type="checkbox"/>
<small>Stamp will be made: With all text in Arial (01), Centred and in Capitals - Unless otherwise specified.</small>			
Stamp Details:	CAPITALS	Upper/Lower	Font Code:
Line 1	<input type="checkbox"/>	or <input type="checkbox"/>	
Line 2	<input type="checkbox"/>	or <input type="checkbox"/>	
Line 3	<input type="checkbox"/>	or <input type="checkbox"/>	
Line 4	<input type="checkbox"/>	or <input type="checkbox"/>	
Line 5	<input type="checkbox"/>	or <input type="checkbox"/>	
Line 6	<input type="checkbox"/>	or <input type="checkbox"/>	

Special Instructions:

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Font Code:	Font Name:	Font Code:	Font Name:	Font Code:	Font Name:
(01)	Arial (12pt)	(05)	Times Roman (13pt)	(14)	Comic Sans (12pt)
(02)	Arial - Italic (12pt)	(06)	Times Roman - Italic (13pt)	(16)	COPPERPLATE GOTHIC (15pt)
(03)	Arial - Bold (12pt)	(07)	Times Roman - Bold (13pt)	(18)	Murray Hill (16pt)
(04)	Arial - Bold - Italic (12pt)	(08)	Times Roman - Bold - Italic (13pt)	(20)	STENCIL (13pt)
(10)	Black Chancery (14pt)	(12)	Brush Script (17pt)	(22)	Other: (pt)

Please Check all Details and SIGN: X

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