

PLEASE FILL OUT ORDER FORM COMPLETELY & CLEARLY

BCT Rubber Stamp Order Form

Quantity:

- Center Copy Replace Die on Customer Machine
 Flush Left Copy Camera Ready Emailed Art
 Die Only Return Art

Please specify which machine the die will be going on.

Dealer _____
 Contact Person _____
 Address _____
 City _____
PHONE _____ **FAX** _____
 Acct. # _____ P.O. # _____
 (If Required)

Ideal - Self-Inking Stamp

- Ideal 30 Ideal 5780 Ideal 170R Pocket 17
 Ideal 50 Ideal 5790 Ideal 310R Pocket 50
 Ideal 80 Ideal 5714 Ideal 400R Pocket 80
 Ideal 100 Ideal 5722
 Ideal 200 Ideal 5732
 Ideal 300 Ideal 5742
 Ideal 5770
- Use Type Size Indicated Below
 Size Type to Fill Image Area
 Change Size of Machine If Necessary
- Ink Color _____



Thrif-T Self-Inking Stamp

- CAPS Upper/Lower
 ONLY Black Ink - Helvetica Centered



Wood Handle Stamp



Size:
 Width: _____ Height: _____
(Give approximate size desired. If no size is given we will size it to fit the text.)

Maxlight - Pre-Inked Stamp

- XL2-75 XL2-655 XL2-5050
 XL2-115 XL2-535 MP 2146A
 XL2-145 XL2-495 MP 1639A
 XL2-185 XL2-325 MP 2626A
 XL2-125 XL2-55 MP 1313A
 XL2-265 XL2-165 Z20 DATER
 XL2-245 XL2-225
 XL2-750 XL2-275
 XL2-700 XL2-800



Ink Color _____

Notary Stamp

- Ideal 200 XL2-655 MP 2558
 Ideal 400R XL2-535 Wood Handle

Die-Plate Daters

- Ideal 4000-A Ideal 5742D Ideal 7670
 Ideal 4000-B Ideal 5850D* Ideal 32067
 Ideal 4000-C Ideal 5860D* Ideal 5500-24
 Ideal 4000-D Ideal 6610* Ideal 5500-12
 Ideal 5830* Ideal 6410* Ideal 1D
 Ideal 5811 Ideal 6510* Ideal M Desk
 Ideal 5812 Ideal 6610*
 Ideal 5831 Ideal 6710*
 Ideal 5732D Ideal 6810*
- Ink Color(s) _____
- * Available in 2-colors



Replacements

- Ink:**
 ¼ oz. Bottle
 2 oz. Bottle
- Stamp Pad:**
 #1 (2¾ x 4¼)
 #2 (3¼ x 6¼)
 #3 (4½ x 7½)
- Color:**
 Black
 Blue
 Red
 Green
 Purple
- Pads For:**
 Ideal # _____

NOTE: UNLESS INDICATED STAMP WILL BE 10 POINT HELVETICA UPPER CASE, BLACK INK, CENTERED

Special Instructions:

TYPE STYLE	TYPE SIZE	COPY
		** ORDER CUT OFF TIME IS 3:00 PM MST **

Suggested Styles

If no typestyle is chosen, we will use 10 point Helvetica Upper Case (See Style A Below.)

- A** 10 Point HE551
 DALE WILLIAMS
 1234 MAIN STREET
 YOUR TOWN, U.S.A. 98765
- B** 10 Point HE561
 DALE WILLIAMS
 1234 MAIN STREET
 YOUR TOWN, U.S.A. 98765
- C** 10 Point HE651
 DALE WILLIAMS
 1234 MAIN STREET
 YOUR TOWN, U.S.A. 98765
- D** 10 Point BH551
 DALE WILLIAMS
 1234 MAIN STREET
 YOUR TOWN, U.S.A. 98765
- E** 12 Point ZC562
 Dale Williams
 1234 Main Street
 Your Town, USA 98765
- F** 10 Point SV451
 DALE WILLIAMS
 1234 MAIN STREET
 YOUR TOWN, U.S.A. 98765

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Toll Free (800) 345-3380
Fax (505) 888-8835
Toll Free Fax (800) 336-6619



www.bctnewmexico.com

- NO PROOF**
 PROOF REQUIRED
 EMAIL: _____
 FAX: _____

REORDER ID _____
and/or INVOICE # _____
ATTACH SAMPLE

Customer Approval _____

Order Date: _____ Route: _____