CHECK ORDER FORM

IMPRINT INFORMATION (USA ONLY)

(For your convenience, attach a voided sample check or complete info below)

Fill in Imprint Information (Co. Name, Address, Phone):

_____

_____

_____

_____

_____

Custom logo YES_____ NO_____

Black and white camera ready copy required for first order

Fill in Check starting # _____

Purchase Order No: _____

Fill in bank info or **attach voided check sample**:

A C							A C	R T										R T	A C																						

Imprint Information

(For your convenience, attach a voided sample check or a MICR encoding form from the financial institution. If not available, please provide the imprint information below.)

Financial Institution: _____ ◯ Yes ◯ No Two signature lines required

Branch: _____ ◯ Yes ◯ No Imprint above signature line:

City: _____ _____

State: _____ Zip: _____ _____

Required for laser checks and forms with numbering, choose one: ◯ Standard numbering (face-up) ◯ Non-standard numbering (face-down)

Product Number	Quantity	Description	Color	Number of Parts	Starting Number

TERMS: WIRE TRANSFER, CASH, COD, OR CREDIT CARD

Shipping Information

Name: _____ **Attn:** _____

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Preferred Shipping Method: _____ **Acct#:** _____

Mail to:
PSCOPE, INC.
Attn: Donna
5057 Thomas Ave South
Minneapolis, MN 55410

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Fax No.: **612-929-6106**
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