



## STAMP ORDER FORM

EMAIL TO : SALES@PRECISIONSTAMPS.CO.ZA

FAX TO: 086 773 8358

FOR ASSISTANCE CALL: 021 100 3753

### STEP 1

### SELECT YOUR STAMP

TRODAT PRINTY LINE TEXT STAMPS				TRODAT PROFESSIONAL LINE TEXT STAMPS	
<input type="checkbox"/> 4908	<input type="checkbox"/> 4910	<input type="checkbox"/> 4910K	<input type="checkbox"/> 4911	<input type="checkbox"/> 5200	<input type="checkbox"/> 5203
<input type="checkbox"/> 4911CM	<input type="checkbox"/> 4912	<input type="checkbox"/> 4913	<input type="checkbox"/> 4915	<input type="checkbox"/> 5204	<input type="checkbox"/> 5205
<input type="checkbox"/> 4916	<input type="checkbox"/> 4917	<input type="checkbox"/> 4918	<input type="checkbox"/> 4921	<input type="checkbox"/> 5206	<input type="checkbox"/> 5207
<input type="checkbox"/> 4922	<input type="checkbox"/> 4923	<input type="checkbox"/> 4924	<input type="checkbox"/> 2495	<input type="checkbox"/> 5208	<input type="checkbox"/> 5215
<input type="checkbox"/> 4926	<input type="checkbox"/> 4927	<input type="checkbox"/> 4928	<input type="checkbox"/> 4929	<input type="checkbox"/> 5211	

TRODAT PRINTY LINE DATERS			TRODAT PROFESSIONAL LINE DATERS	
<input type="checkbox"/> 4724	<input type="checkbox"/> 4726	<input type="checkbox"/> 4727	<input type="checkbox"/> 5460	<input type="checkbox"/> 5470
<input type="checkbox"/> 4729	<input type="checkbox"/> 4731	<input type="checkbox"/> 46119	<input type="checkbox"/> 5480	<input type="checkbox"/> 54110
<input type="checkbox"/> 46125	<input type="checkbox"/> 46130	<input type="checkbox"/> 46140	<input type="checkbox"/> 2910	<input type="checkbox"/> 5756P
<input type="checkbox"/> 46145	<input type="checkbox"/> 4850	<input type="checkbox"/> 4750		

Insert quantity required in the relevant block above. All self-inking stamps include a standard built-in black ink pad.

Different colours required (at an additional cost):  RED  BLUE  GREEN  VIOLET

### STEP 2

### DETAILS & LAYOUT

LINE	TEXT – PLEASE CHECK CAREFULLY (BLOCK LETTERS)	ALIGNMENT (L/C/R)	BOLD	ITALIC	UNDERLINE
1					
2					
3					
4					
5					
6					
7					
8					

### STEP 3

### CLIENT DETAILS

COMPANY NAME:	
CONTACT PERSON:	
CONTACT NUMBER (LANDLINE):	
CELL PHONE:	
EMAIL ADDRESS:	

### STEP 4

### OFFICE USE

ORDER NUMBER:	
DATE & TIME ACCEPTED:	
EXPECTED DATE OF ARRIVAL:	
TOTAL AMOUNT PAID:	
PAYMENT:	PAID IN FULL : R _____ PAID DEPOSIT: R _____