

DEALER:		DATE:
ADDRESS:		
CITY/STATE/ZIP:		
PHONE:	FAX:	
RO. #	CUSTOMER APPROVAL:	

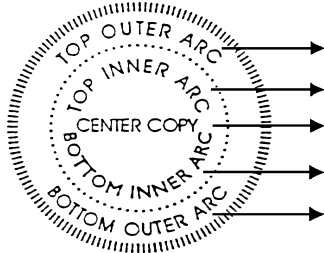


For Mail and Shipments:
 4430 Wade Green Rd NW, Suite 180-107
 Kennesaw, GA 30144
 Phone: 770-850-8730
 E-mail: orders@bctmarietta.com
 Web: bctmarietta.com

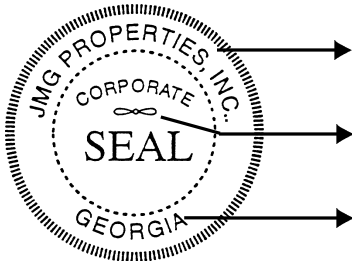
ONE EMBOSSER/SEAL PER ORDER FORM.

TYPE OF SEAL/EMBOSSER	ORDER INSTRUCTIONS
Check One & Complete Appropriate Section Below: <input type="checkbox"/> #74101 Pocket Seal 1 5/8" D <input type="checkbox"/> #74104 Desk Seal 1 5/8" D <input type="checkbox"/> #74102 Pocket Seal 2" D <input type="checkbox"/> #74105 Desk Seal 2" D <input type="checkbox"/> #74103 Pocket Seal 1" x 2" <input type="checkbox"/> #74106 Desk Seal 1" x 2"	

REGULAR SEAL / PROFESSIONAL SEAL

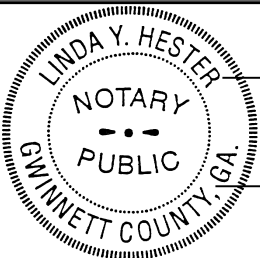


CORPORATE SEAL



Company Name
Year of Incorporation(Optional)
State

NOTARY SEAL



Name	Expiration/Companion Stamp: <input type="radio"/> Yes <input type="radio"/> No
County and State	If Yes: <input type="radio"/> Rubber (R-3) <input type="radio"/> Self-Inking (Ideal 100) <input type="radio"/> Pre-Inked (Item #71103)
	Expiration Date: <input type="text"/> / <input type="text"/> / <input type="text"/>

Note: A Copy of the Notary Certificate Must be attached to order form.

RECTANGULAR STATIONERY EMBOSSER

COPY AREA FOR RECTANGULAR STATIONERY EMBOSSER	LINE 1 _____	CHECK ONE: <input type="checkbox"/> ENVELOPE STYLE FOR ENVELOPE AND BOTTOM OF PAGE <input type="checkbox"/> LETTERHEAD STYLE FOR TOP OF PAGE
	LINE 2 _____	
	LINE 3 _____	
	LINE 4 _____	

OFFICE USE ONLY. DO NOT WRITE IN THIS AREA



Date Sent: _____	
Sent By: _____	
Date Rec'd: _____	
Rec'd By: _____	

OFFICE/ROUTE STAMP

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