## **Order Form**

## **CUSTOMER INFO ON CHEQUE**

Date		Name		
		Address		
		Address City		
	(Last docket #)	Prov. P.0	C. Phone	
2	Name Phone		Contact	
0	Address	City	Prov.	P.C.
R				
LASER - CONTINUOUS	Standard Defensa® True SOFTWARE USED FORM No.   □ Upgrade-Defensa® Premium on Pt 1* (Laser & Continuous only) □ Hologram* (Laser only)   □ 1 Part □ 2 Part (white/pink) □ 3 Part (white/canary/pink)   QUANTITY			
MANUAL	QUANTITY			
IEQUES	SIGNATURE LINES 1 Line 2 Line None   LOGO None Scan Logo Supplied E-mail Supplied   WIMBERING Consecutive MICR number mandatory for CPA** PROOF   None PDF   e-mail address			
<b>REQUIRED ON ALL CHEQUES</b>	BANK INFO Bank logo		R	
	Address	_ Transit #		
Ð	Address City	<ul> <li>Routing/Bank #</li> </ul>		
	Prov. P.C. Phone	- Account #		
REC		-	Refer to Pg. 1 for MICR E	NCODING explanation
	ENVELOPES Please ship twindow envelopes with this of	order		ecurity Lined window envelopes

\* Additional upcharge \*\* Canadian Payments Association (www.cdnpay.ca)