

ORDER FORM

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Company Name					Accoun	Account #			ler e
Ship-to Address Contact Name Manager's					P/O #	P/O #			FOR INTERNAL USE ONLY ** der # D #
Approval						Phone #			p.
O Self-Inking		QTY Font Size		OF	OR Size to Fill Stamp OR Same Size as Sample		Iter	m #	
Model #		Black Blue Red Green Violet C Color Dater Add Border							
		ARIAL TIMES NEW ROMAN Other							
Model #		Lef	ft Align	Right Aligr	n B	Bold Underline			oper/Lower
		Center Align Justified							LL CAPS
🔿 Seals			Desk	Seal 🕅	Pocket Seal	Seal S	ize: 🗌 1 5/8"	2"	☐ 1x2"
⊖ Refill Ink	Self-Inking		2 oz 6 cc		Black	Black 🔲 Blue 🗌 Red 📄 Green 📄 Violet			Violet

Copy Desired: (Please print neatly or attach sample)

Special Instructions:

Cuote Only