

PAY

TO
THE
ORDER
OF

RE-ORDER REMINDER

RECEIVE 25% MORE CHEQUES FOR FREE

PER _____

PER _____

⑈000000⑈0000⑈

VOID

RE-ORDER OPTIONS;

- 1) FILL IN THE FORM BELOW AND FAX OR EMAIL TO US.
- 2) CALL US TOLL FREE AT 1-866-760-2661
- 3) VISIT US AT WWW.CHEQUESNOW.CA/REORDER

NEXT START #

(UNLESS STATED OTHERWISE BELOW)

RE-ORDER #

T_L6215

Order Quantity:

Current pricing can be found online by visiting
www.chequesnow.ca

- ☐ Same quantity as last order **50 + 25% more for free**
- ☐ Different quantity ☐ 325 ☐ 625 ☐ 1250 ☐ 2500 ☐ Other _____

Production Speed

- ☐ Regular (5-8 Bus. days)
- ☐ Rush **\$25** (1-2 Bus. days)

Shipping Speed

- ☐ Ground (5-8 Bus. days)
- ☐ Rush - (1-2 Bus. days)
(**we will contact you**)

Start Number

- ☐ Same Start # as indicated above
- ☐ New # _____

Boxing: (how the cheques are placed in printer)

- Standard:** ☐ Low # on top, face up
- Special:** ☐ Low # on top, face down

Order Type:

- ☐ Exact repeat ☐ **Change Required** - indicate changes below or call us

Additional Products:

Current pricing can be found online by visiting
www.chequesnow.ca

- | | | |
|--|-----------|--|
| Deposit Stamp: | Qty: | _____ |
| Address Stamp: | Qty: | _____ |
| Deposit Slips: | 2 copies: | <input type="checkbox"/> 100 <input type="checkbox"/> 200 <input type="checkbox"/> 300 <input type="checkbox"/> other _____ |
| Deposit Slips: | 3 copies: | <input type="checkbox"/> 100 <input type="checkbox"/> 200 <input type="checkbox"/> 300 <input type="checkbox"/> other _____ |
| Double Window Envelopes: | | <input type="checkbox"/> 250 <input type="checkbox"/> 500 <input type="checkbox"/> 1000 <input type="checkbox"/> 2500 <input type="checkbox"/> other _____ |
| Self Seal - Double Window Env.: | | <input type="checkbox"/> 250 <input type="checkbox"/> 500 <input type="checkbox"/> 1000 <input type="checkbox"/> 2500 <input type="checkbox"/> other _____ |

Payment Method: ☐ M/C ☐ Visa ☐ Direct Debit ☐ Invoice Me

(Payment must be received within **15** days of receipt of invoice. If payment is not received, you authorize Print & Cheques Now Inc. to DIRECT DEBIT your account. You accept responsibility for any NSF charges.)

Card No. _____

Expiry Mo / Year _____ / _____

Name on Card (Print) _____

Airmiles Collector #

Signature _____

Date

Ordered by - please print

Signature

☐ Please process my order

☐ Please call me

My signature or typed name authorizes Print & Cheques Now Inc., to manufacture my order and charge my selected method of payment above.
I confirm that I have the authority to place this order and to make the type of payment indicated.

www.chequesnow.ca/reorder

Email: orders@printnow.ca

Fax: 877-760-2435

Tel: 866-760-2661