



Uncompromised & Plus Checks & Forms Order Form

Date _____
 Dealer Acct _____
 Dealer PO _____

Previous Order # _____ **Mo/Yr** _____ Repeat Repeat w/Change **Proof** PDF Fax Mail

Bill To:
 DISTRIBUTOR NAME: _____
 PERSON ORDERING: _____
 ADDRESS: _____
 CITY/ STATE/ ZIP CODE: _____
 PHONE # _____ FAX # _____
 DISTRIBUTOR EMAIL: _____

Ship To: Ship to same as bill to
 COMPANY NAME: _____
 ATTENTION: _____
 ADDRESS: _____
 CITY/ STATE/ ZIP CODE: _____
 CUSTOMER P.O. # _____
Shipping Method: Ground Second Day Next Day

Please email product information/offers. **Software Name/Version:** _____

QTY	ITEM	PARTS	DESCRIPTION	PANTOGRAPH COLOR

Laser Check Styles/Colors:
 Uncompromised - Blue, Brown, Burgundy, Gray, Green, Orange, Purple, Red, Teal, Yellow
 Uncompromised Plus - Reflex Blue, Burgundy, Green, Teal

Company Heading Imprint	Bank Imprint

Logo:
 Stock Logo # _____
 Custom Logo
 Must have sample or layout showing desired position

Signature Lines: 1 2
 Name over signature line _____

Font Style: _____
 Standard is: TB2 - Helvetica Bold - 1st line only
 TB1 - Helvetica - All additional lines

ABA Fraction: _____

Bank Logo # _____

Imprint Color (black is standard): _____

Special Instructions:

Packaging: A Standard Ascending - face up - low number on top
 B Reverse Ascending - face down - low number on top
 C Standard Descending - face up - highest number on top
 D Reverse Descending - face down - highest number on top

Numbering: Standard Position unless noted
Start # : _____
 MICR Consecutive: Left Center Right

AUX ON US FIELD	TRANSIT NUMBER FIELD	ON US FIELD
54 53 52 51 50 49 48 47 46 45 44 43 42 41 40 39 38 37 36 35 34 33 32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17 16 15 14		

Enclose a voided check with all changes indicated or fill in space above and enclose a bank specification sheet.

Space/Blank Transit Number Symbol On US Symbol Dash Symbol

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Copy this form and keep the original for future orders!