

RubberStamps-USA.com

PHONE 808 874-0262 FAX 808 442-0798

www.RubberStamps-USA.com

RUBBER STAMP ORDER

SHIP TO: NAME _____

ORDER DATE _____

Address: _____

City: _____ ST _____ Zip _____

Phone: _____ Fax: _____

Email Address: _____

Credit Card Billing Information	circle one: VISA / MC / DISCOVER
Name :	_____
Number	_____
Expiration date on card:	_____

We will email or Fax you a proof and the total amount for your stamp before proceeding with your order.

STANDARD STYLE CHOICE							
(SEE STYLE CHART NEXT PAGE)							
CIRCLE ONE							
A	B	C	D	E	F	G	H
I	J	K	L	M	N	O	P
Q	R	S	T	U	V	W	X
D3 D4 D5 D6							

HAND STAMP



PSI SELF-INKER



MAXLIGHT PRE-INKED



INK COLOR
black
red
blue
purple
green

SPECIAL INSTRUCTIONS if any: _____

1/4 oz. Refill Ink \$6.00

IF THIS STAMP MUST FIT WITHIN A SPECIFIC AREA,

PLEASE INDICATE

REQUIRED SIZE : _____

IF NOT A STANDARD STYLE, PLEASE INDICATE TYPE SIZE AND STYLE OF EACH LINE (OR ATTACH SAMPLE)



All lines will be CENTERED unless otherwise requested.

LINE 1 _____

LINE 2 _____

LINE 3 _____

LINE 4 _____

LINE 5 _____

LINE 6 _____