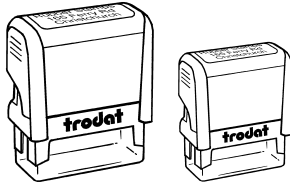


RUBBER STAMPS - Printable Order Form



Non-Self Inking



Self Inking



Heavy Duty Self Inking

Rubber Stamps By Montarga
 165 Ferry Road, Christchurch 8011
 Phone (03) 366 9963
 www.montarga.co.nz
 stamps@montarga.co.nz

Please print clearly in capitals or upper and lower case as required.
 Images can be supplied to us via email in: .tif .jpg .pdf format (at a high resolution)

STAMP 1
DETAILS:

	Type of stamp: <input type="checkbox"/> Self inking: Size: <input type="checkbox"/> Heavy Duty Self Inking Size: <input type="checkbox"/> Non-Self Inking (ink pad required) Size:
	Quantity:
	First Line Bold: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Text: <input type="checkbox"/> Text left aligned <input type="checkbox"/> Text centred
	Ink Colour: <input type="checkbox"/> Black Ink <input type="checkbox"/> Blue Ink <input type="checkbox"/> Red Ink <input type="checkbox"/> Green Ink

Please print clearly in capitals or upper and lower case as required.

STAMP 2
DETAILS:

	Type of stamp: <input type="checkbox"/> Self inking: Size: <input type="checkbox"/> Heavy Duty Self Inking Size: <input type="checkbox"/> Non-Self Inking (ink pad required) Size:
	Quantity:
	First Line Bold: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Text: <input type="checkbox"/> Text left aligned <input type="checkbox"/> Text centred
	Ink Colour: <input type="checkbox"/> Black Ink <input type="checkbox"/> Blue Ink <input type="checkbox"/> Red Ink <input type="checkbox"/> Green Ink

Proof Required ? (reccomended only for more complicated stamps only) Fax / Email:

Ordered by: Ph: Company: Delivery address: (If required)	Delivery Options: <input type="checkbox"/> Customer to collect (165 Ferry Rd) <input type="checkbox"/> Courier \$5.00 (Urban address only) <input type="checkbox"/> Tracked Post \$6.00 (Including PO Box) <input type="checkbox"/> Tracked Post to RD address \$9.70
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Payment Options:

Mastercard Fill in details below
 Visa Fill in details below
 Cash/Eftpos On pick-up
 Cheque Post or on pick-up
 Direct debit Please ask for details
 Invoice By prior arrangement

No. Exp:/.....

Name on Card: CVV Code (on back of card):