



| | |
|------------|---------------|
| COSTUMER # | COSTUMER NAME |
|------------|---------------|

| | | |
|--|---------------------------------------|--------------------------|
|  | TRODAT SELF-INKING STAMP | <input type="checkbox"/> |
|--|---------------------------------------|--------------------------|

| | | |
|---|---------------------------------------|--------------------------|
|  | MAXLIGHT PRE-INKED STAMP | <input type="checkbox"/> |
|---|---------------------------------------|--------------------------|

| | | |
|--|---------------------------------------|--------------------------|
|  | TRADITIONAL RUBBER STAMP | <input type="checkbox"/> |
|--|---------------------------------------|--------------------------|

SIZE / FORMAT / STYLE / ETC.

if the color is not specify, it will be black

| | | | |
|------------|--------------------------|-------------|--------------------------|
| CENTER | <input type="checkbox"/> | FLUSH RIGHT | <input type="checkbox"/> |
| FLUSH LEFT | <input type="checkbox"/> | WITH FRAME | <input type="checkbox"/> |

| | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|
| BLACK | BLUE | RED | GREEN |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| |
|--|
| OTHER PRODUCTS |
| <div style="border: 1px solid black; height: 30px;"></div> |

ENGRAVING SIGN **if we have no specification the text will be centered**

| | | | |
|-----------------|--------------------------|--------------------------|--------------------------|
| SIZE | BACKGROUND COLOR | LETTERS COLOR | Hole |
| HEIGHT X LENGTH | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| QTY: | Self Adhesive | | |

| | |
|-----------------------|-------|
| CORPORATE SEAL | |
| POCKET | NO. 1 |
| DESK | NO. 2 |
| LONG REACH(#2 ONLY) | |

| |
|------------------|
| NET PRICE |
| \$ |

| |
|------------|
| ORDER DATE |
| / / |

SPECIAL INSTRUCTIONS

| | | | |
|--------------------|--------------------------|--|--------------------------|
| CAPITAL | <input type="checkbox"/> | Capital/lower case(underlined the capital) | <input type="checkbox"/> |
| PROOF | | | <input type="checkbox"/> |
| ADDITIONNAL CHARGE | | | |

| |
|----------------|
| PLANT USE ONLY |
|----------------|

| |
|--------------|
| BILLING CODE |
|--------------|

| |
|----------------------|
| SURCHARGE / DISCOUNT |
|----------------------|

| |
|------------|
| COST PRICE |
|------------|

| |
|----------------|
| PRODUCTION NO. |
|----------------|

SHIPPED BY:

| | | | |
|---------|--------------------------|-------|--------------------------|
| PICK-UP | <input type="checkbox"/> | MAIL | <input type="checkbox"/> |
| COURIER | <input type="checkbox"/> | TRUCK | <input type="checkbox"/> |

| | |
|-------------------|---|
| QUANTITY | DO WE HAVE TO ADJUST THE SIZE? YES <input type="checkbox"/> NO <input type="checkbox"/> / DO AS IS <input type="checkbox"/> |
| | Insert your text in this space ↓: IF THERE IS NO SPECIFICATION THE TEXT WILL BE IN CAPITAL |
| COSTUMER INITIALS | |

NAME, ADDRESS, TELEPHONE, FAX, ETC,...

COSTUMER #

| | | |
|---------------------------|--------------------------|--------------------------|
| #COSTUMER ACCOUNT | CLERK | TOTAL PRICE |
| NAME, ADDRESS OF COSTUMER | | G.S.T. FEDERAL |
| | | G.S.T. PROVINCIAL |
| | | FREIGHT |
| TELEPHONE | # COSTUMER ORDER | TOTAL |
| DEPOSIT | PAID | CHARGED |
| \$ | <input type="checkbox"/> | <input type="checkbox"/> |

TÉL.: 450-681-2519 / 1-888-382-6737
 FAX: 450-681-3021 / 1-800-463-7874
 Email: clientele@aderome.com

Internet file: PDF or EPS. SVP your file as to be in curves. Everything must be 100% black and white. No color or grayscale.

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