

		Please type or print information as it appears on checks.		Starting Check No.:	Product Code:	<input type="checkbox"/> Singles <input type="checkbox"/> Duplicates
<b>Line 1</b>		<input type="checkbox"/> 1 Box <input type="checkbox"/> 2 Boxes <input type="checkbox"/> 4 Boxes		Font Style (if different from default):		
<b>Line 2</b>		Monogram:		Woodcut:		Background:
<b>Line 3</b>		Billing: <input type="checkbox"/> Account <input type="checkbox"/> Financial Institution <input type="checkbox"/> FI Employee <input type="checkbox"/> Other _____			Optional Accessories (Enter Product Code): Covers _____ Stamps _____	
<b>Line 4</b>		<input type="checkbox"/> Add 2nd signature line		<input type="checkbox"/> Account Open Date: ____/____/____		
<b>Line 5</b>		Bi-line Message (35 character limit including spaces):				
Shipping Address (if different from check)		Line 1 _____				
Routing #: _____		Line 2 _____				
Acct #: _____		FI Contact:				
		Name: _____				
		Phone: _____      Date: ____/____/____				