

ZSP CUSTOMER #

(Use your customer number stamp, if you don't have one ask, it's free)

ORDER FORM
Fax To: 1-800-548-0839

Date: _____ P.O. # _____

QUANTITY:

- CENTER FLUSH LEFT JUSTIFY ADD A BOX BORDER
- REPLACEMENT DIE FOR MODEL # _____ NO CHANGES

STYLE:

WHAT'S IT GOING TO SAY? PLEASE print neatly!!
(Attach Additional Sheet if Necessary)

Special Instructions:

SEND MORE ORDER FORMS

DROP SHIP TO YOUR CUSTOMER (Additional shipping charge)

DO NOT FAX ARTWORK

TO: _____
 ATTN: _____
 STREET: _____
 CITY, STATE, ZIP: _____

Mail to:
 ZSP Manufacturing Inc.
 P.O. Box 1789
 Pomona, CA 91769-1789
 or E-Mail to:
 zippy@zippystamp.com

STAMP PRODUCTS

ALL STAMP PRODUCTS

MODEL OR PART # _____

SELF-INKING or PRE-INKED

- Ink Color: _____
- Printy Case Color: _____

REGULAR RUBBER STAMPS

- Actual Size Wanted:
 Height ↓: _____ Width ↔: _____
- Traditional Handle Knob Style

INK PADS, REPLACEMENT PADS, & INK

Part/Model # _____
 Color: _____

OTHER PRODUCTS

Model/Part # _____

NAMEPLATES, BADGES & SIGNS

- NAMEPLATE BADGE SIGN
- WITH LOGO

Surface Color: _____

Lettering Color: _____

Height ↓ _____ Width ↔ _____

HOLDERS:

Part # _____ Color: _____

- BACKING:** Pin Swivel Clip
- Clutch Magnetic Backing
 - Pocket Holder Sticky-Back Tape
 - Screw Holes Rounded Corners