



7431 Sawyer Circle, Unit 3
 Port Charlotte, FL 33981
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 Fax: 941-214-3002
 Email: sales@micrtech.com

Date: _____

Bill to:	Ship to:
Name:	Name
Street	Street
City State Zip	City State Zip
Attention	Attention
Phone# Fax#	Phone #
Ship Date	Ship Via:

Laser Printer OEM & Model _____

Accounting Software (such as SAP, JD Edwards) _____

Bitmap (.sfp) or TrueType (.tff) font _____

Specify Symbol Set

Specify Typeface Value

Specify Call ID

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Sign signature inside the box twice (one per box) with a UNIBALL or ROLLERBALL pen for the best results.
Be certain signature does not go outside of box.

Signature

Print Signature

Signature

Print Signature

NOTICE

Customer acknowledges that MICR Tech, Inc. will invoice for work performed and it is agreed that if there are any changes to this order additional charges may be incurred and invoiced. MICR Tech, Inc. will notify of any additional charges. Original must be sent to MICR Tech, Inc. Fax copies not accepted. Customer acknowledges responsibility for proper execution of our technology in their environment.

Company Name: _____

Date: _____

Person Submitting This Form: _____

Title: _____