



**T.S.T. Rubber Stamp**  
and *Graphic Solutions*

180 Shearson Cres, Unit 6, Cambridge, ON N1T 1P4

*It's Easy!  
Just follow  
the numbers!*

**Traditional Hand Stamp  
Order Form**

<p><b>1</b> Traditional Hand Stamps* Specify required imprint size or size of type</p> <p><i>* require separate ink pad - not included</i></p>	<p><b>5</b> <input type="checkbox"/> UPPER CASE <input type="checkbox"/> <b>Bold Face</b>  <input type="checkbox"/> Upper and Lower Case <input type="checkbox"/> <i>Italic Type</i>  <input type="checkbox"/> Underlined</p>
<p><b>2</b> Quantity</p>	<p><b>6</b> <input type="checkbox"/> Flush Left <input type="checkbox"/> Flush Right  <input type="checkbox"/> Centered</p>
<p><b>3</b> <b>YES!</b> <input type="checkbox"/>  I need an ink pad!  Select colour below. We will match appropriate size.  <i>Unless otherwise stated, ink colour will be black.</i></p>	<p><b>7</b> Standard Typestyles Available:</p> <p><input type="checkbox"/> Helvetica <input type="checkbox"/> Times Roman  <input type="checkbox"/> <i>Script</i> <input type="checkbox"/> Calibri  <input type="checkbox"/> Match our font if possible _____</p>

<p><b>4</b> Standard Ink Colours  #1 - \$6.95ea ~ #2 - \$6.95ea ~ #3 - \$10.95ea</p> <p><input type="checkbox"/> Black <input type="checkbox"/> Blue <input type="checkbox"/> Red</p>	<p>Premium Ink Colours  #1 - \$11.95ea ~ #2 - \$20.95ea ~ #3 - \$39.95ea</p> <p><input type="checkbox"/> Green <input type="checkbox"/> Pink <input type="checkbox"/> Turquoise <input type="checkbox"/> Mint Green  <input type="checkbox"/> Purple <input type="checkbox"/> Orange <input type="checkbox"/> Brown <input type="checkbox"/> Yellow</p>
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<b>8</b> Line	Text or Previous Stamp Imprint (Please Write Clearly)
1st Line	
2nd Line	
3rd Line	
4th Line	
5th Line	

Use my logo please\* - I will email  *\* Please note - logo charge \$5 extra. Some artwork may require cleanup or modification - charges extra. Please call for quotation and clarification.*

<b>9</b> Company:*	Contact Name:*
Address:*	Phone:*
City:*	Province:*
Postal Code:*	Fax:*
<p><b>Method of Payment:*</b>  <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard Card Number: _____ Security Code: _____  <input type="checkbox"/> Amex <input type="checkbox"/> Paypal</p>	
<p>INTERAC Bank Transfer Expiry Date: _____ Cardholder Name: _____</p>	

\* MANDATORY INFORMATION

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1-877-717-1716

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