

an EiPrinting, Inc. Company

CHECKSFORLESS.COM

Telephone
800.245.5775

Fax
800.893.0177

Email
info@checksforless.com

Order Form

200 Riverside Industrial Parkway • Portland, Maine 04103

DELIVERY ADDRESS (DO NOT USE FOR PRODUCT IMPRINT)

PAYMENT INFORMATION

Company _____
 Contact _____
 Address _____ Apt. _____
(No PO Box)
 City _____ State _____ Zip _____
 Phone (____) _____ Fax (____) _____
 Daytime (____) _____
 Email Address _____
 No, I do not want to receive e-specials and e-updates
 Please check this box if you require RUSH SERVICE or EXPRESS SHIPPING. See below for rate and details.

Check/Money Order **Enclosed** (Made Payable to EiPrinting)
 Visa® MasterCard® American Express® Discover®
 Card Number _____ **NOTE:** Payment info required on every order. EiPrinting does not store credit card numbers from previous orders.
 Expiration Month/Year _____ / _____ CID# _____
 Credit card street address _____
 Credit card billing zip code _____
 Name as it appears on card _____
 Signature (CC or ACH) _____
 ACH Debit Account Holder's Name _____
 Routing # _____
 Account # _____

PRODUCT INFORMATION

All first time orders must be accompanied by a voided check and/or deposit ticket. If this is a new account, please obtain a starter check or a MICR specification sheet from your bank. Questions? Call 800.245.5775.

New Order Exact Reorder Reorder w/Changes Previous Order # _____ Account # _____

Quantity	Item #	# Parts	Description	Format or Software Version	Color	Starting Number	Reverse Numbering	Price
							<input type="checkbox"/>	
							<input type="checkbox"/>	
							<input type="checkbox"/>	
							<input type="checkbox"/>	

PLEASE REMIND ME! I use _____ checks per month. Please let me know when my check supply is running low.

IMPRINT INFORMATION

Check here if imprint is the same as your enclosed sample. If not, please indicate changes on your enclosed sample.
 Line #1 _____
 Line #2 _____
 Line #3 _____
 Line #4 _____
 Line #5 _____

Special Information: _____

Affiliate or Promotion Code _____

Your Company Logo on Printed Products at No Charge!
 Please provide camera ready (black ink on white paper) or digital file (.tif or .bmp file) on CD (PC format only) or via email: info@checksforless.com, with subject line indicating your company name and the logo file name.

Please indicate how logo is being supplied:
 B&W art enclosed CD enclosed (PC) Emailed to EiPrinting

ACCOUNT INFORMATION

Bank Name _____
 Bank Address _____
 Bank City/ST/ZIP _____

Fraction Line _____ - _____ / _____ (Ex. 35-241/640)

Branch Phone Number (____) _____

SHIPPING

Our standard shipping method is via UPS ground (**street address required; UPS will not deliver to PO boxes**). For faster shipping methods and/or questions, please call 800.245.5775. Shipping is calculated on the subtotal of your order. Please refer to the following chart. **Please note that express shipping charges are in addition to standard shipping charges.**

<u>\$0-35.00</u>	<u>\$35.01-85.00</u>	<u>\$85.01-135.00</u>	<u>\$135.01-200.00</u>	<u>\$200.01-250.00</u>	<u>Over \$250.00</u>
\$7.00	\$9.50	\$14.00	\$18.00	\$22.00	UPS Ground Rate

Prices subject to change. Residential address add \$2.45 to your shipping costs.

EXPEDITED SERVICE	Subtotal	
Expedited services are available for laser/inkjet checks, deposit slips and envelopes only. One-day, in-plant rush is per check order. Rush orders received by 10 am EST will ship same day via selected shipping method. After 10 am EST, orders will ship the following business day. For overnight and 2nd day air, normal production time unless in-plant rush selected.	Standard Shipping	
	5% Sales Tax (ME residents only)	
	Residential Address	\$ 2.45
	Optional Expedited Service:	
	1-Day In-Plant Rush (per check order)	\$30.00
	Overnight 100 Sheets (additional)	\$22.00
2nd Day Air 100 Sheets (additional)	\$14.00	
TOTAL		

www.checksforless.com

Product Sample Fax Cover Sheet

Fax to 800.893.0177

To: EiPrinting Order Entry Department

From: _____

Fax: 800.893.0177

Date: _____

Please confirm your check and deposit ticket imprint and place a current sample of your product(s) below. If the imprint on your order is different from your product(s) sample, please note the appropriate corrections on the sample. Sample product(s) or a MICR specification sheet is required on all new check and deposit ticket orders. If you do not have a sample check, please ask your bank to provide you with a MICR specification sheet or to fill out the one attached in this document.

WE CANNOT PROCESS YOUR FIRST TIME ORDER WITHOUT THIS INFORMATION.

**PLACE EXISTING OR STARTER
CHECK SAMPLE
HERE**

**PLACE EXISTING OR STARTER
DEPOSIT TICKET SAMPLE
HERE**

MICR Specification Sheet

Fax to 800.893.0177

Customer Service Available At 800.245.5775

To: EiPrinting Order Entry Department
 Fax: 800.893.0177
 Date: _____

From: _____

MICR specification sheets are required for first time orders that do not have a sample check or deposit ticket to attach. Ask your bank to fill out our MICR specification sheet for accurate printing of your product, or ask your bank if they have a similar sheet to fax to EiPrinting.

FOR FIRST TIME ORDERS, IF YOU DO NOT HAVE A SAMPLE CHECK OR DEPOSIT TICKET, WE MUST HAVE THIS MICR SPECIFICATION SHEET COMPLETED.

Bank Information		
Bank Name		Branch Address
City	State	Zip Code

Fraction to be used on this check:

Example \longrightarrow $\frac{12-34}{567}$ Enter Actual Fraction \longrightarrow _____

Personal Sized Checks

Example

Transit/Routing Field										Bank On-US Field																			
43	42	41	40	39	38	37	36	35	34	33	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	16	15	14
Ⓜ	Ⓜ	Ⓜ	Ⓜ	Ⓜ	Ⓜ	Ⓜ	Ⓜ	Ⓜ	Ⓜ	Ⓜ	X	N	N	N	B	N	N	N	B	N	N	N	N	C	X	#	#	#	#

Enter Actual Spacing Set-up

43	42	41	40	39	38	37	36	35	34	33	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	16	15	14
Ⓜ	Ⓜ									Ⓜ																			

Deposit Slips

43	42	41	40	39	38	37	36	35	34	33	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	16	15	14
Ⓜ	Ⓜ									Ⓜ																			

Business Sized Checks

Example

Transit/Routing Field										Bank On-US Field																														
54	53	52	51	50	49	48	47	46	45	44	43	42	41	40	39	38	37	36	35	34	33	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	16	15	14
										Ⓜ	Ⓜ	Ⓜ	Ⓜ	Ⓜ	Ⓜ	Ⓜ	Ⓜ	Ⓜ	Ⓜ	Ⓜ	X	N	N	N	B	N	N	N	B	N	N	N	N	C	X					

Enter Actual Spacing Set-up

54	53	52	51	50	49	48	47	46	45	44	43	42	41	40	39	38	37	36	35	34	33	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	16	15	14
										Ⓜ	Ⓜ										Ⓜ																			

Deposit Slips

54	53	52	51	50	49	48	47	46	45	44	43	42	41	40	39	38	37	36	35	34	33	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	16	15	14
										Ⓜ	Ⓜ										Ⓜ																			

LEGEND	
# - Consecutive No.	A = Ⓜ
N - Account No.	B = Ⓜ
X - Blank Space	C = Ⓜ
	D = Ⓜ

PREPARED BY

DATE
/ /