

**USE THIS FORM TO PLACE YOUR IMPRINT ORDERS FOR PRODUCTS FOUND ON PAGES 332-370.**

Source Code

**(BE SURE TO MAKE EXTRA COPIES FOR FUTURE ORDERS.)**

Please enter source code from the back cover of this catalog.

**1 PAYMENT & SHIP TO INFORMATION**

Order Date:   -   -

Order Placed by: \_\_\_\_\_

ORDER ANY TIME, DAY OR NIGHT.  
USE THIS FORM FOR YOUR CONVENIENCE.

Contact Name: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Ext. \_\_\_\_ Fax: ( ) \_\_\_\_\_

**CLICK** [www.officedepot.com](http://www.officedepot.com)

Email: \_\_\_\_\_ @ \_\_\_\_\_

**CALL** 800.GO.DEPOT  
800.463.3768

Address: \_\_\_\_\_








City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**FAX** 800.685.5010

**2 BILLING INFORMATION (if address is different from above):**

Address: \_\_\_\_\_

Zip: \_\_\_\_\_

Select Payment Type	<input type="checkbox"/>  Office Depot Business Credit Acct.	<input type="checkbox"/>  MasterCard	<input type="checkbox"/>  Visa	<input type="checkbox"/>  Discover	<input type="checkbox"/>  AmEx	<input type="checkbox"/>  OD Gift Card	<input type="checkbox"/>  VK Charge Acct.
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Card Number	Expiration Date	CID/Card Code	PO# (not required)

**3 YOUR ORDERING INFORMATION**

(Please Use Separate Forms for Each Item)

**STAMPS & DATERS (available online)**

1. Quantity	2. Item Number	3. Ink Color(s)	4. Format No.	5. Artwork	6. Typestyle No.						
	(9-digit)	<input type="checkbox"/> Red <input type="checkbox"/> Green <input type="checkbox"/> Blue <input type="checkbox"/> Violet <input type="checkbox"/> Black		<input type="checkbox"/> No Artwork <input type="checkbox"/> Stock Logo 00- _____							
<b>1. Justification</b>		<b>2. Logo Position</b>		<b>REPLACEMENT PADS (SELF-INKING) AND RE-INKING FLUIDS</b>							
<input type="checkbox"/> Centered <input type="checkbox"/> Flush Left <input type="checkbox"/> Flush Right <small>We will Center Justify, if not indicated above.</small>		<input type="checkbox"/> Logo Left, Copy Right <input type="checkbox"/> Logo Only <input type="checkbox"/> Logo Right, Copy Left <input type="checkbox"/> Copy Only <input type="checkbox"/> Logo Top, Copy Right <input type="checkbox"/> Logo Bottom, Copy Left		<table border="1"> <thead> <tr> <th>1. Quantity</th> <th>2. Item Number</th> <th>3. Ink Color(s)</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td> <input type="checkbox"/> Red <input type="checkbox"/> Black <input type="checkbox"/> Violet  <input type="checkbox"/> Blue <input type="checkbox"/> Green <input type="checkbox"/> Red/Blue (pad only)                             </td> </tr> </tbody> </table>		1. Quantity	2. Item Number	3. Ink Color(s)			<input type="checkbox"/> Red <input type="checkbox"/> Black <input type="checkbox"/> Violet <input type="checkbox"/> Blue <input type="checkbox"/> Green <input type="checkbox"/> Red/Blue (pad only)
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**EMBOSSERS (available online)**

1. Quantity	2. Item Number	3. Typestyle No.	4. Design / Artwork	5. Direction
	(9-digit)		<input type="checkbox"/> E _____ (Stock Design) <input type="checkbox"/> Notary State _____	To Be Used From: <input type="checkbox"/> Top <input type="checkbox"/> Bottom <input type="checkbox"/> Left <input type="checkbox"/> Right

**ENGRAVED SIGNS & BADGES (available online)**

1. Quantity	2. Item Number	3. Typestyle No.	4. Color Combination	5. Stock Logo No	6. Holder Color
	(9-digit)				
<b>7. Fastener or Backing Style</b>			<b>8. Artwork</b>		<b>9. Ink Color(s) (Full color badge only)</b>
			<input type="checkbox"/> Custom Camera-Ready Art <small>(Exclusions Apply)</small>		_____ <small>(Indicate Color per line above)</small>

(The order form continues)

# Office DEPOT

## STATIONERY ITEMS: Business Cards, Letterhead, Envelopes (available online)

1. Quantity	2. Item Number	3. Ink Color(s)	4. Format No.	5. Stock Logo No.	6. Mainline Typestyle No.	7. Stock/Paper Color
	(9-digit)			00- _____ (If Applicable)		

## BUSINESS FORMS & CHECKS (available online)

1. Quantity	2. Item Number	3. Ink Color(s)	4. Art Work	5. Consecutive Numbering
	(9-digit)	Register Forms: Blue Ink Only  Statement Forms: Black Ink Only	<input type="checkbox"/> Stock Logo 00- _____ <input type="checkbox"/> Custom Art	<input type="checkbox"/> Yes <input type="checkbox"/> No  <small>Begin Consecutive Numbering at:  If no starting # is indicated, we will begin with number 1001</small>

## LABOR POSTERS (available online)

1. Quantity	2. Description	3. State Name
(Each)	<input type="checkbox"/> State Poster <input type="checkbox"/> Federal Poster	

## MAILING & ADVERTISING LABELS (available online)

1. Quantity	2. Item Number	3. Ink Color(s)	4. Design No.	5. Stock Logo No.	6. Typestyle No.
	(9-digit)		(Mailing only)	00- _____	

### Options for Advertising Labels Only

8. Stock Color	9. Justification	10. Logo Position
	<input type="checkbox"/> Centered <input type="checkbox"/> Flush Left <input type="checkbox"/> Flush Right <small>We will Center Justify, if not indicated above.</small>	<input type="checkbox"/> Top <input type="checkbox"/> Bottom <input type="checkbox"/> Left <input type="checkbox"/> Right

## PROMOTIONAL PRODUCTS (available online)

1. Quantity	2. Item Number	3. Product Color	4. Imprint Color	5. Barrel Color	6. Cap/Tip Color
	(9-digit)		(If Applicable)	(If Applicable)	(If Applicable)
7. Typestyle No.	8. Writing Ink Color	9. Artwork	10. Format No.	11. Shirt Size	
	(If Applicable)	<input type="checkbox"/> Stock Logo <input type="checkbox"/> Custom Art 00- _____	(If Applicable)		

## 4 WRITE YOUR TEXT/COPY HERE (if applicable)

Write Exact Copy Desired in This Area

### ORDER TOTAL PRICE

Phone orders: provided at the time of order entry

Fax Orders: confirmation sent by end of the same business day if order is faxed by 3:00 PM

**THANK YOU FOR YOUR ORDER!**