

Imprint Order Form

Office DEPOT



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

1 CUSTOMER INFORMATION

Order Date: - -

Account #: _____ Cost Center: _____ Purchase Order #: _____

Order Placed by: _____

Contact Name: _____

Phone: () _____ Ext. _____ Fax: () _____

Email: _____ @ _____

Address: _____

City: _____ State: _____ Zip: _____

Email or fax order to:
customerservice@wp-int.com
866-377-2281- WPS order fax

Call with questions:
866-377-2301

2 PAYMENT & SHIP TO INFORMATION (if address is different from above):

Company Name: _____ Contact Name: _____

Phone: () _____ Ext. _____ Fax: () _____ Email: _____ @ _____

Address: _____

City: _____ State: _____ Zip: _____

Additional information to be included on Stamp or Stamp Impression:

3 YOUR ORDERING INFORMATION

(Please Use a Separate Form for Each Item)

STAMPS/DATERS

1. Quantity	2. Item Number	3. Ink Color(s)	4. Format No.	5. Artwork		6. Typestyle No.
		☐ Red ☐ Green ☐ Blue ☐ Violet ☐ Black		☐ No Artwork ☐ Stock Logo 00- _____	☐ Notary ☐ Art Enclosed	
1. Justification		2. Logo Position		REPLACEMENT PADS (SELF-INKING) AND RE-INKING FLUIDS		
☐ Centered ☐ Flush Left ☐ Flush Right We will Center Justify, if not indicated above.		☐ Logo Left, Copy Right ☐ Logo Right, Copy Left		1. Quantity	2. Item Number	3. Ink Color(s)
						☐ Red ☐ Black ☐ Violet ☐ Blue ☐ Green ☐ Red/Blue (pad only)

EMBOSSERS

1. Quantity	2. Item Number	3. Typestyle No.	4. Design / Artwork	5. Direction
			☐ E _____ (Stock Design) ☐ Custom 5-lines	To Be Used From: ☐ Top ☐ Bottom ☐ Left ☐ Right
			☐ Notary State _____ ☐ Art Enclosed	

ENGRAVED SIGNS & BADGES

1. Quantity	2. Item Number	3. Typestyle No.	4. Color Combination	5. Stock Logo No.	6. Holder Color
7. Fastener or Backing Style			8. Artwork	9. Ink Color(s) (Full color badge only)	
			☐ Custom Camera-Ready Art (Exclusions Apply)	(Indicate Color per line above)	

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WORKPLACE
SOLUTIONS