

# ADP Manual Check Pre-Printed Checks Order Form



New Order  Reorder

### Contact Information


Ordering Contact:		Phone:	
Fax (Required!):		Email:	

### Pre-Printed Check Information

Name:	
Address 1:	
Address 2:	
City, State, Zip:	Phone:
Bank Name:	
Bank City & State:	

### Miscellaneous Check Information

Starting Check Number (if blank we'll assume 1001):	
# of Signature Lines (Default 1): <input type="checkbox"/> 1 or <input type="checkbox"/> 2	Software: <input type="checkbox"/> ADP <input type="checkbox"/> Other
Signature Line Comment: (Normally Blank):	_____
Print Company Logo on check: <input type="checkbox"/> Yes or <input type="checkbox"/> No (Additional \$25, one time fee) (Specifications: Black & White PCX file, 300 dpi)	
Color Fade: <input type="checkbox"/> Blue to Burgundy <input type="checkbox"/> Solid Blue <input type="checkbox"/> Blue to Green	

Qty	ADP Manual Checks 	Double Window Envelopes
	CP/31-99602	
Sample	FREE <input type="checkbox"/> Order .00	FREE <input type="checkbox"/> Order
250	\$40.00 <input type="checkbox"/> .16	N/A <input type="checkbox"/>
500	\$60.00 <input type="checkbox"/> .12	\$39.00 <input type="checkbox"/>
1,000	\$80.00 <input type="checkbox"/> .08	\$63.00 <input type="checkbox"/>
2,000	\$140.00 <input type="checkbox"/> .07	\$126.00 <input type="checkbox"/>
3,000	\$210.00 <input type="checkbox"/> .07	\$189.00 <input type="checkbox"/>
5,000+	\$350.00 <input type="checkbox"/> .07	\$315.00 <input type="checkbox"/>

Samples	
If you are only ordering samples its not necessary to fill out the payment information on page 2.	
Shipping	
<input type="checkbox"/> Ground <input type="checkbox"/> UPS 2 Day Air <input type="checkbox"/> UPS 1 Day Air Shipping billed at FedEx published rates	
Your Order	
Total \$ Amount	

## Payment Information

(Samples only do not require payment information)

Payment: <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> American Express <input type="checkbox"/> Discover <input type="checkbox"/> Bill My Account	
Credit Card #:	Expiration Date:
<input type="checkbox"/> Credit Card Billing Address is the same as on the check (otherwise complete address below)	
Billing Name:	
Billing Address 1:	
Billing Address 2:	
Billing City, State, Zip:	
Signature: <b>X</b>	
Additional Instructions:	<b>Send Proof Via:</b> <input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> U.S. Mail

If you are printing a check  
Tape a check here  
(From the account we are printing the check from)

If you are printing a deposit slip  
If the deposit information is different than your check  
attach a copy of your deposit slip as well.

### Directions:

1. Print out this page.
2. Fill out the form below *exactly* like you want your checks printed.
3. If you wish for only a sample, simply write SAMPLE in the billing section.
4. Tape a check from the account we are printing from in the area provided.
5. Fax your order to 404-351-0911 or 800-871-3305, or call 404-351-2700 or 800-722-2804.
6. Your order will be processed within 24 hours, we will then fax a proof and once your proof is approved, the order will ship in 1-2 business days.
7. Order will be shipped to the address on the check, unless otherwise specified.

Fax to 800-871-3305 or 404-351-0911

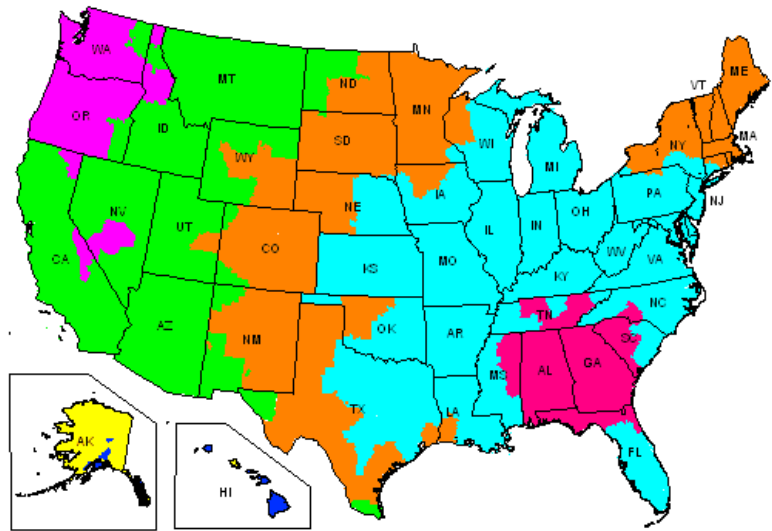
# Check Paper Ground Shipping Rates



FedEx Ground Rates - Check Paper		Letter (8.5" x 11")			
Zone	State	500 7 lbs	1,000 13 lbs	2,000 26 lbs	2,500 32 lbs
1	GA	6.64	7.91	10.13	11.33
2	AR, LA, MS, IL, IN, WV, VA, NC, DC, MD, TN, FL, AL, SC, KY	7.85	8.68	12.58	14.82
3	VT, NY, PA, OH, NJ, CT, RI, MA, DE, TX, OK, KS, NE, MN, WI, MO, MI, IA	8.32	9.39	14.78	17.48
4	NM, CO, WY, SD, ND, ME, NH	8.69	10.73	18.69	22.38
5	NV, AZ, UT, MT	9.18	12.83	21.82	25.89
6	CA, OR, WA, ID	9.96	14.37	25.58	30.88
7	AK, HI	Call for quote.			

## How Long Will It Take?

Allow 48 hours after approval for your checks to ship, then add transit time.



1 Day 2 Days 3 Days 4 Days 5 Days 6 Days 7+ Days