



Ship To:

Company: _____
 Owner/Operator (first & last name): _____
 Street Address (cannot deliver to a P.O. Box): _____

 City: _____ State: _____ ZIP: _____
 Deliver to Attention of: _____

Forms Department Use Only ARB

PO: _____
 FORM #: _____
 Order Date: ____/____/____

Software:

Version:

Bill To: (if different than Ship To)

Company Name: _____
 Address: _____
 City: _____ State: _____ ZIP: _____

Delivery Options:

- Standard Ground (approx. 10 business days)
- 5-Day RUSH. (\$49 + expedited freight)
- 3-Day RUSH. (\$100 + expedited freight)
* indicates business days

Quantity: 500 1,000 2,000 3,000 4,000 5,000
 6,000 7,000 8,000 9,000 10,000 Other: _____

Start Check #:

Order Type:

- New Order: Use sample
- New Order: Print as shown below
- Exact Repeat **Enter Life #:** _____
- Repeat with Change **REQUIRED** (# found in left margin of check)

A copy of a current voided check is required for all new or changed orders.

Text Above Signature:

- No
- Yes (indicate text below)

Company Name Printed on Current Check:

For Laser Only:

How Does Your Laser Printer Feed Paper?

Select Check Position: 1-Part 2-Part 3-Part
 Top Middle Bottom

Face Up
(Standard)



Face Down
(Non-Standard)



Check Color Options:

- Color Logo Checks (Burgundy border with color Arby's logo—top & middle laser checks only)
- Black Logo Checks (or Logo Same as Check Color)
 - 1. Choose check stock: Linen: Blue Green Burgundy Tan Gray
 - Marble: Blue Teal Burgundy
 - 2. Choose ink color: Black Same as Check Color Other: _____ (Add'l charge)
 - (All imprinting—including logo—will be in this color.)

Imprint Information—as it should appear on checks

Company Name: _____
 Additional Name (if any): _____
 Address (Street or P.O. Box): _____
 City: _____ State: _____ ZIP: _____
 Phone number on check? No Yes _____
 How many signature lines? One Two
 Name of Bank: _____
 Additional Bank Information (if any): _____
 City and State of Bank: _____
 Bank Routing No.: _____ Account No.: _____
 Bank Fraction Number (Example: 64-1/610): _____

Order Confirmation:

Name/Signature: _____
 Date: _____
 Phone: _____
 Fax: _____
 Email: _____

Submit Form

By clicking the Submit button above, I request that checks be ordered and printed as shown on this form. I agree to verify the accuracy of the printed checks upon receipt and notify the Forms Department within 30 days of any differences.

A copy of a current voided check is required for all new or changed orders.