



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

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

Software:

SICOM Other: _____
 Version: _____
If Other, please contact the Forms Department before completing form.

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:

Exact Repeat **Enter Life #:** _____
REQUIRED (# found in left margin of check)
 Repeat with Change Blank Check Stock*
 New Order * = info not needed

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 Type:

Accounts Payable Payroll Direct Deposit Voucher* Face Up (Standard) Face Down (Non-Standard)



Choose One Color:

Blue Green Red Border with Step & Repeat McDonald's Logo Gray Marble (laser format only)

McDonald's logo will appear in Yellow and Black ink; all other check imprinting will be in Black ink.

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
 Bank information is needed on check orders only. Direct Deposit Vouchers have no bank information on them.
 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.

You will receive an order confirmation within 24 hours of receipt. Thank you for your order!
 ORDER DEPOSIT TICKETS, DOUBLE-WINDOW ENVELOPES, SECURITY BAGS ON SEPARATE FORM.