



## 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

WEN

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?

☐ Face Up  
(Standard)



☐ Face Down  
(Non-Standard)



## Check Color Options:

- ☐ Color Logo Checks (Red border with color Wendy'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 SICOM Forms 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.