



Fill out onscreen, then use the Submit button to email to SICOM Forms.

## Ship To:

Company: \_\_\_\_\_  
 Owner/Operator (first & last name): \_\_\_\_\_  
 Street Address (cannot deliver to a P.O. Box): \_\_\_\_\_  
 \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Deliver to Attention of: \_\_\_\_\_

## SICOM Forms 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 #:** \_\_\_\_\_  
(in left margin of current SICOM check)
- Repeat with Change

**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.

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.  
 See all the available check colors and formats at <https://support.sicom.com/accounting-payroll/checks-forms/>