Laser Check Order Form  

**To order:** Please fill out this form, and payment form completely and mail to:

Carousel Checks  
P.O. Box 340  
Worth, IL 60482-0340

Please enclose the following with your order form:

1. Completed order form  
2. Completed page two with payment information  
3. Voided Check or Deposit Ticket, with any changes indicated. (from you current check supply)  
4. Software name and version  

*Orders will be shipped to the address printed on your checks, unless otherwise indicated *

**Personal Information:**  
**Contact information:**  

| Check Line 1: | | Phone: | | E-mail: | | *Ship To: | |
| Check Line 2: | | | | | | |
| Check Line 3: | | | | | | |
| Check Line 4: | | | | | | |
| Check Line 5: | | | | | | |

**Laser Check Top, Middle, & Bottom**  
- 250 Laser Checks $ 44.99  
- 500 Laser Checks $ 64.99  
- 1,000 Laser Checks $ 99.99  
- 2,500 Laser Checks $ 199.99  
- 5,000 Laser Checks $ 349.99  
- 10,000 Laser Checks $ 629.99  

**Laser Checks 3 to a Page**  
- 300 Laser Checks $ 29.99  
- 600 Laser Checks $ 39.99  
- 1,200 Laser Checks $ 59.99  
- 2,400 Laser Checks $ 99.99  
- 4,800 Laser Checks $ 189.99  
- 9,600 Laser Checks $ 349.99  

**Shipping Charges for Basic Mail**  
- 250 Laser Checks $ 13.99  
- 500 Laser Checks $ 15.74  
- 1,000 Laser Checks $ 17.18  
- 2,500 Laser Checks $ 27.23  
- 5,000 Laser Checks $ 43.86  
- 10,000 Laser Checks $ 82.12

**Top & Middle Style Laser Designs**  
- Blue Safety  
- Tan Safety  
- Green Safety  
- Burgundy Safety  
- Teal Safety  
- Violet Safety  
- Grey Safety  
- Blue/Green  
- Blue/Red

**Bottom Style Laser Designs**  
- Blue Safety  
- Blue Marble  
- Green Safety  
- Burgundy Safety  
- Teal Safety  
- Violet Safety  
- Grey Safety  
- Blue/Green  
- Blue/Red

**3 to a Page Laser Designs**  
- Blue Safety  
- Blue Marble  
- Green Safety  
- Burgundy Safety  
- Teal Safety  
- Violet Safety  
- Grey Safety  
- Blue/Green  
- Blue/Red

**Fields marked with * are required.**

**Starting Check Number:** ____________ (between 0001-99999)  
**Software Name and Version:** ____________

<table>
<thead>
<tr>
<th>Standard Numbering</th>
<th>Reverse Numbering</th>
<th>Lines on Checks</th>
<th>No Lines on Checks</th>
<th>Yes, want EZ-Shield on my checks (optional)</th>
<th># of signature lines</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Laser Checks Top, Middle, or Bottom $7.95 per 100 Checks</td>
<td>(1,2 or 3 available)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Laser Checks 3 to a Page $6.95 per 300 Checks</td>
<td></td>
</tr>
</tbody>
</table>

**Optional add-ons, all checks come with standard font free.**

**Monogram or Clipart (add $2.50)**  
- Block Letter: ____________  
- Old English Letter: ____________  
- Clipart File #: ____________  

**Signature Express Line (add $2.50):______________________________**

**Special Lettering (add $2.50)**  
- Old English  
- Hip  
- Retro  
- Wisdom  
- Flair

**Carousel Checks**  
P.O. Box 340  
Worth, IL 60482-0340

**Monogram or Clipart (add $2.50)**  
- Block Letter: ____________  
- Old English Letter: ____________  
- Clipart File #: ____________  

**Signature Express Line (add $2.50):______________________________**

**Special Lettering (add $2.50)**  
- Old English  
- Hip  
- Retro  
- Wisdom  
- Flair

**Carousel Checks**  
P.O. Box 340  
Worth, IL 60482-0340

**Monogram or Clipart (add $2.50)**  
- Block Letter: ____________  
- Old English Letter: ____________  
- Clipart File #: ____________  

**Signature Express Line (add $2.50):______________________________**

**Special Lettering (add $2.50)**  
- Old English  
- Hip  
- Retro  
- Wisdom  
- Flair
*Please select one option below for payment

<table>
<thead>
<tr>
<th>Laser Check Price</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Monogram or Clipart (add $2.50)</td>
<td></td>
</tr>
<tr>
<td>Special Lettering (add $2.50)</td>
<td></td>
</tr>
<tr>
<td>Signature Line Message (add $2.50)</td>
<td></td>
</tr>
<tr>
<td>EZ-Shield (if requested)</td>
<td></td>
</tr>
<tr>
<td><strong>Sub-total:</strong></td>
<td><strong>$15.00</strong></td>
</tr>
<tr>
<td>Sales Tax, IL resident 10%</td>
<td></td>
</tr>
<tr>
<td>Shipping Charge (see page 1)</td>
<td></td>
</tr>
<tr>
<td><strong>Total:</strong></td>
<td><strong>$15.00</strong></td>
</tr>
</tbody>
</table>

*Contact may be required to finalize orders

**O I would like to pay by Credit Card.**  
One Time amount to be charged (total): _____________

Cardholder Name _________________________________________

Account Number _____________________________________________

Expiration Date ____________________________  CSV Code ________________

*CSV code is a 3 digit code found on the back for visa/MC, AMEX has a 4 digit CSV located on the front*

SIGNATURE:_______________________________________________   DATE:________________________________

I authorize the above named business to charge the credit card indicated in this authorization form. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

**OR**

**O I would like to pay by electronic check. (ACH Payment)**

*This is a withdrawal from the check account using the routing and account number provided.*  
Additional contact may be required

One time amount to be charged (total): _____________

SIGNATURE:_______________________________________________   DATE:________________________________

I authorize the above named business to charge the checking account indicated in this authorization form. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this checking account and that I will not dispute the payment with my financial institution; so long as the transaction corresponds to the terms indicated in this form.

Billing Address ____________________________________________

City, State, Zip _____________________________________________

Phone# _____________________________________________________

$15.00
To order, please fill out this form and payment form completely and mail to:

Please enclose the following with your order form:

1. Completed order form
2. Completed payment form
3. Voided check from your current supply. (with any changes indicated)
4. Deposit slip from your current supply. (with any changes indicated)

*Orders will be shipped to the address printed on your checks, unless otherwise indicated*

### Personal Information:

<table>
<thead>
<tr>
<th>Check Line 1:</th>
<th>Check Line 2:</th>
<th>Check Line 3:</th>
<th>Check Line 4:</th>
<th>Check Line 5:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Please refer to CAROUSELCHECKS.COM for pricing information*  
Check orders include deposit tickets and one register per box ordered.

### Top Tear Single Checks:  
- 1 Box (125 checks)  
- 2 Boxes (250 checks)  
- 4 Boxes (500 checks)

### Top Tear Duplicate Checks:  
- 1 Box (100 checks)  
- 2 Boxes (200 checks)  
- 4 Boxes (400 checks)

### Side Tear Single Checks:  
- 1 Box (125 checks)  
- 2 Boxes (250 checks)  
- 4 Boxes (500 checks)

### Side Tear Duplicate Checks:  
- 1 Box (100 checks)  
- 2 Boxes (200 checks)  
- 4 Boxes (400 checks)

### Top Stub Checks:  
- 1 box of singles (160 checks)  
- 2 boxes of singles (320 checks)  
- 4 boxes of singles (640 checks)

Fields marked with * are required.

*Check design name: ____________________________________________________________

**Starting check number:** ______________(between 0001-9999)

If not specified, starting number will be 1001

Optional style add-ons, all checks come with standard font free

### Special Lettering (add $2.50)
- Old English
- Hip
- Retro
- Wisdom
- Flair

### Monogram or Clipart (add $2.50)
- Block Letter: __________
- Old English Letter: __________
- Clipart File #: __________

**Personal Expression Line (add $2.50):** ____________________________

*Labels are mailed separately*

### Return Address Labels:
- 144 labels $ 5.99
- 288 labels $ 10.99
- 576 labels $ 19.99
- 1,152 labels $ 27.99

**Label design:** ____________________________________________

**Label imprint information:** (max 3 lines, 1-28 characters)

1. * ______________________________________
2. * ______________________________________
3. * ______________________________________

**Special Lettering (add $1.50)**
- Old English
- Hip
- Retro
- Wisdom
- Flair

**Optional**

**2 Personal Check Registers $ 2.99**
Check Price

<table>
<thead>
<tr>
<th>Option</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>Special lettering ($2.50)</td>
<td></td>
</tr>
<tr>
<td>Monogram or Clipart ($2.50)</td>
<td></td>
</tr>
<tr>
<td>Expression Line ($2.50)</td>
<td></td>
</tr>
<tr>
<td>EZ-Shield option ($3.25 per box)</td>
<td></td>
</tr>
<tr>
<td><strong>Label Price (optional)</strong></td>
<td></td>
</tr>
<tr>
<td>Special lettering ($1.50)</td>
<td></td>
</tr>
<tr>
<td><strong>Additional Registers (2/$2.99)</strong></td>
<td></td>
</tr>
</tbody>
</table>

Sub-total:

<table>
<thead>
<tr>
<th>Item</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sales Tax, IL resident 10%</td>
<td></td>
</tr>
<tr>
<td>Handling $3.45 per box (REQUIRED)</td>
<td></td>
</tr>
<tr>
<td>Basic Shipping $5.00 (REQUIRED)</td>
<td></td>
</tr>
</tbody>
</table>

Total:  

*Contact may be required to finalize orders

☐ I would like to pay by Credit Card.  

One Time amount to be charged (total): _____________

Cardholder Name ____________________________________________

Account Number ____________________________________________

Expiration Date _____________  CSV Code ____________________

*CSV code is a 3 digit code found on the back for visa/MC, AMEX has a 4 digit CSV located on the front*

SIGNATURE: _______________________________________________  DATE: __________________________

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OR

☐ I would like to pay by electronic check. (ACH Payment)

*This is a withdrawal from the check account using the routing and account number provided.*  Additional contact may be required

One time amount to be charged (total): _____________

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