

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: _____

Check Line 2: _____

E-mail: _____

Check Line 3: _____

*Ship To: _____

Check Line 4: _____

Check Line 5: _____

<p>Laser Check Top, Middle, & Bottom</p> <p><input type="radio"/> 250 Laser Checks \$ 44.99</p> <p><input type="radio"/> 500 Laser Checks \$ 64.99</p> <p><input type="radio"/> 1,000 Laser Checks \$ 99.99</p> <p><input type="radio"/> 2,500 Laser Checks \$ 199.99</p> <p><input type="radio"/> 5,000 Laser Checks \$ 349.99</p> <p><input type="radio"/> 10,000 Laser Checks \$ 629.99</p>	<p>Laser Checks 3 to a Page</p> <p><input type="radio"/> 300 Laser Checks \$ 29.99</p> <p><input type="radio"/> 600 Laser Checks \$ 39.99</p> <p><input type="radio"/> 1,200 Laser Checks \$ 59.99</p> <p><input type="radio"/> 2,400 Laser Checks \$ 99.99</p> <p><input type="radio"/> 4,800 Laser Checks \$ 189.99</p> <p><input type="radio"/> 9,600 Laser Checks \$ 349.99</p>	<p>*Shipping Charges for Basic Mail*</p> <p><input type="radio"/> 250 Laser Checks \$ 13.99</p> <p><input type="radio"/> 500 Laser Checks \$ 15.74</p> <p><input type="radio"/> 1,000 Laser Checks \$ 17.18</p> <p><input type="radio"/> 2,500 Laser Checks \$ 27.23</p> <p><input type="radio"/> 5,000 Laser Checks \$ 43.86</p> <p><input type="radio"/> 10,000 Laser Checks \$ 82.12</p>
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****Please select your check design, colors vary by style. Please use CAROUSELCHECKS.COM for reference****

<p>Top & Middle Style Laser Designs</p> <p><input type="radio"/> Blue Safety</p> <p><input type="radio"/> Tan Safety</p> <p><input type="radio"/> Green Safety</p> <p><input type="radio"/> Burgundy Safety</p> <p><input type="radio"/> Teal Safety</p> <p><input type="radio"/> Violet Safety</p> <p><input type="radio"/> Grey Safety</p> <p><input type="radio"/> Blue/Green</p> <p><input type="radio"/> Blue/Red</p>	<p><input type="radio"/> Blue Marble</p> <p><input type="radio"/> Tan Marble</p> <p><input type="radio"/> Green Marble</p> <p><input type="radio"/> Burgundy Marble</p> <p><input type="radio"/> Teal Marble</p> <p><input type="radio"/> Violet Marble</p> <p><input type="radio"/> Grey Marble</p> <p><input type="radio"/> Wall Street</p>	<p>Bottom Style Laser Designs</p> <p><input type="radio"/> Blue Safety</p> <p><input type="radio"/> Blue Marble</p> <p><input type="radio"/> Tan Safety</p> <p><input type="radio"/> Tan Marble</p> <p><input type="radio"/> Burgundy Safety</p> <p><input type="radio"/> Burgundy Marble</p> <p><input type="radio"/> Green Marble</p> <p><input type="radio"/> Grey Marble</p> <p><input type="radio"/> Violet Marble</p>	<p>3 to a Page Laser Designs</p> <p><input type="radio"/> Blue Safety</p> <p><input type="radio"/> Tan Safety</p> <p><input type="radio"/> Green Safety</p> <p><input type="radio"/> Burgundy Safety</p> <p><input type="radio"/> Teal Safety</p> <p><input type="radio"/> Violet Safety</p> <p><input type="radio"/> Grey Safety</p> <p><input type="radio"/> Blue/Green</p> <p><input type="radio"/> Blue/Red</p>	<p><input type="radio"/> Blue Marble</p> <p><input type="radio"/> Tan Marble</p> <p><input type="radio"/> Green Marble</p> <p><input type="radio"/> Burgundy Marble</p> <p><input type="radio"/> Teal Marble</p> <p><input type="radio"/> Violet Marble</p> <p><input type="radio"/> Grey Marble</p> <p><input type="radio"/> Wall Street</p>
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Fields marked with * are required.

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

<p><input type="radio"/> Standard Numbering</p> <p><input type="radio"/> Reverse Numbering</p> <p>*Select one</p>	<p><input type="radio"/> Lines on Checks</p> <p><input type="radio"/> No Lines on Checks</p> <p>*Select one</p>	<p>Yes, want EZ-Sheild on my checks (optional)</p> <p><input type="radio"/> Laser Checks Top, Middle, or Bottom \$7.95 per 100 Checks</p> <p><input type="radio"/> Laser Checks 3 to a Page \$6.95 per 300 Checks</p>	<p># of signature lines _____</p> <p>(1,2 or 3 available)</p>
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*Optional add-ons, all checks come with standard font free.

<p>Monogram or Clipart (add \$2.50)</p> <p><input type="radio"/> Block Letter: _____</p> <p><input type="radio"/> Old English Letter: _____</p> <p><input type="radio"/> Clipart File #: _____</p> <p>Signature Express Line (add \$2.50): _____</p>	<p>Special Lettering (add \$2.50)</p> <p><input type="radio"/> Old English</p> <p><input type="radio"/> Hip</p> <p><input type="radio"/> Retro</p> <p><input type="radio"/> Wisdom</p> <p><input type="radio"/> Flair</p>
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Laser Check Price	
Monogram or Clipart (add \$2.50)	
Special Lettering (add \$2.50)	
Signature Line Message (add \$2.50)	
EZ-Shield (if requested)	
Sub-total:	
Sales Tax, IL resident 10%	
Shipping Charge (see page 1)	
Total:	

This is a required field

Billing Address _____

City, State, Zip _____

Phone# _____

*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: _____

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

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

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 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:

Contact information:

Check Line 1: _____

Phone: _____

Check Line 2: _____

E-mail: _____

Check Line 3: _____

*Ship To: _____

Check Line 4: _____

Check Line 5: _____

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

<p>Top Tear Single Checks:</p> <p><input type="radio"/> 1 Box (125 checks)</p> <p><input type="radio"/> 2 Boxes (250 checks)</p> <p><input type="radio"/> 4 Boxes (500 checks)</p>	<p>Top Tear Duplicate Checks:</p> <p><input type="radio"/> 1 Box (100 checks)</p> <p><input type="radio"/> 2 Boxes (200 checks)</p> <p><input type="radio"/> 4 Boxes (400 checks)</p>	<p>Side Tear Single Checks:</p> <p><input type="radio"/> 1 Box (125 checks)</p> <p><input type="radio"/> 2 Boxes (250 checks)</p> <p><input type="radio"/> 4 Boxes (500 checks)</p>	<p>Side Tear Duplicate Checks:</p> <p><input type="radio"/> 1 Box (100 checks)</p> <p><input type="radio"/> 2 Boxes (200 checks)</p> <p><input type="radio"/> 4 Boxes (400 checks)</p>	<p>Top Stub Checks:</p> <p><input type="radio"/> 1 box of singles (160 checks)</p> <p><input type="radio"/> 2 boxes of singles (320 checks)</p> <p><input type="radio"/> 4 boxes of singles (640 checks)</p>
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Fields marked with * are required.

*Check design name: _____

Yes, want EZ-Sheild on my checks (optional)
 (add \$3.25 per box ordered)

* 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

<p>Special Lettering (add \$2.50)</p> <p><input type="radio"/> Old English</p> <p><input type="radio"/> Hip</p> <p><input type="radio"/> Retro</p> <p><input type="radio"/> Wisdom</p> <p><input type="radio"/> Flair</p>	<p>Monogram or Clipart (add \$2.50)</p> <p><input type="radio"/> Block Letter: _____</p> <p><input type="radio"/> Old English Letter: _____</p> <p><input type="radio"/> Clipart File #: _____</p> <p>Personal Expression Line (add \$2.50): _____</p>
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Labels are mailed separately

Optional

<p>Return Address Labels:</p> <p><input type="radio"/> 144 labels \$ 5.99</p> <p><input type="radio"/> 288 Labels \$ 10.99</p> <p><input type="radio"/> 576 Labels \$ 19.99</p> <p><input type="radio"/> 1,152 Labels \$27.99</p>	<p>Label design: _____</p> <p>Label imprint information: (max 3 lines, 1-28 characters)</p> <p>1. * _____</p> <p>2. * _____</p> <p>3. * _____</p>	<p>Special Lettering (add \$1.50)</p> <p><input type="radio"/> Old English</p> <p><input type="radio"/> Hip</p> <p><input type="radio"/> Retro</p> <p><input type="radio"/> Wisdom</p> <p><input type="radio"/> Flair</p>
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2 Personal Check Registers \$ 2.99

Check Price	
Special lettering (\$2.50)	
Monogram or Clipart (\$2.50)	
Expression Line (\$2.50)	
EZ-Shield option (\$3.25 per box)	
Label Price (optional)	
Special lettering (\$1.50)	
Additional Registers (2/\$2.99)	
Sub-total:	
Sales Tax, IL resident 10%	
Handling \$3.45 per box (REQUIRED)	
Basic Shipping \$5.00 (REQUIRED)	
Total:	

This is a required field

Billing Address _____

City, State, Zip _____

Phone# _____

*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

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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): _____

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.