



Bill to:	Ship to:
Name:	Name
Street	Street
City State Zip	City State Zip
Attention	Attention
Phone#	Phone #
e-mail address:	e-mail address:

Laser Printer OEM & Model: _____

Software: (i.e. SAP, JD Edwards, etc.) _____

Bitmap (.sfp), TrueType (.tff), PostScript or macro: _____

Is signature replacing previous signature: _____

Specify Symbol Set ← `<esc>(1Z<esc>(s1p3.0v0sb 201 T`

Specify Typeface Value ←

Specify Call ID

Sign signature(s) inside each box using a **BLACK** UNIBALL or ROLLERBALL pen for the best results.
Be certain signature does NOT go outside of box.



Signature

Print Signature



Signature

Print Signature

NOTICE

Customer acknowledges that MICR Tech, Inc. will invoice for work performed and it is agreed that if there are any changes to this order additional charges may be incurred and invoiced. MICR Tech, Inc. will notify of any additional charges. Original must be sent to MICR Tech, Inc. Fax copies not accepted. Customer acknowledges responsibility for proper execution of our technology in their environment.

Company Name: _____

Date: _____

Person Submitting This Form: _____

Title: _____