

RUBBER STAMP ORDER

www.westatesstamp.com



Westates Marking Device Co.
 1500 N Grand Ave Unit A
 TEL: 714-542-3986 FAX: 714-542-8634
 westatesmarking@gmail.com
 sales@westatesstamp.com

SHIP TO: NAME _____

Address: _____

City: _____ ST _____ Zip _____

Phone: _____ Fax: _____

Email Address: _____

ORDER DATE _____

| | | |
|--|-------|-------------------------------------|
| Credit Card Billing Information | | circle one: VISA / MC / AMEX |
| Name : | _____ | |
| CC #: | _____ | |
| Expiration date on card: | _____ | CVV CODE: _____ |

We will e-Mail or Fax you a proof and the total amount for your stamp(s) before proceeding with your order upon request.

HAND STAMP



SELF-INKER



PRE-INKED



| INK COLOR |
|-----------|
| black |
| red |
| blue |
| purple |
| green |

IF THIS STAMP MUST FIT
 WITHIN A SPECIFIC AREA,
 PLEASE INDICATE
 REQUIRED SIZE : _____

SPECIAL INSTRUCTIONS if any:

1 oz. Refill Ink \$4.95

<Stamp here if you have example>

IF NOT A STANDARD STYLE,
 PLEASE INDICATE TYPE SIZE
 AND STYLE OF EACH LINE
 (OR ATTACH SAMPLE)

All lines will be CENTERED unless otherwise requested.



LINE 1 _____

LINE 2 _____

LINE 3 _____

LINE 4 _____

LINE 5 _____

LINE 6 _____