



RUBBER STAMPS

TOMORROW

Name _____

Ordered By _____

Address _____

Date _____

City _____ State _____ Zip _____

QTY _____ PHONE # _____

IMPORTANT

The type size will determine the length of the stamp. If requested type size does not fit, please check one of the following:

Change type size ☐

Change size of mount or machine ☐



Ink Color _____

Replacement Pad ☐ Color _____

☐ IDEAL 50

☐ IDEAL 100

☐ IDEAL 200

☐ IDEAL 300

☐ IDEAL 170R

☐ IDEAL 400R

☐ IDEAL DATER 5830

☐ IDEAL DATER 7610



☐ Handle Stamp

Ink Pads

Ink

Qty.	Size	Color

☐ Centered

☐ Flush Left

☐ Flush Right

☐ Border

☐ Circle

☐ Die Only

☐ Customer Machine

☐ Maximum Length

☐ Maximum Height

SPECIAL INSTRUCTIONS:

☐ Camera Ready

☐ Return Art

**For Any Order That Is Not Clear and Requires Additional Information,
The Order Will Be Completed On The Next Days Production.**

Line	Style No.	Point Size	Copy
1			
2			
3			
4			
5			
6			
7			
8			
9			

Suggested Combinations

Style

A

DALE WILLIAMS
1234 MAIN STREET
YOUR TOWN, U.S.A. 98765

B

DALE WILLIAMS
1234 MAIN STREET
YOUR TOWN, U.S.A. 98765

C

DALE WILLIAMS
1234 MAIN STREET
YOUR TOWN, U.S.A. 98765

D

DALE WILLIAMS
1234 MAIN STREET
YOUR TOWN, U.S.A. 98765

E

DALE WILLIAMS
1234 MAIN STREET
YOUR TOWN, U.S.A. 98765

F

DALE WILLIAMS
1234 MAIN STREET
YOUR TOWN, U.S.A. 98765

G

DALE WILLIAMS
1234 MAIN STREET
YOUR TOWN, U.S.A. 98765

H

Dale Williams
1234 Main Street
Your Town, U.S.A. 98765

Typeset	Proofed	Date	Invoice		
				Date Received	Route