# Laser Check Order Form  

**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 page two with payment information  
3. Voided Check or Deposit Ticket, with any changes indicated. (from your current check supply)  
4. **Software name and version**  
   - *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>

**Contact Information:**

<table>
<thead>
<tr>
<th>Phone:</th>
<th>E-mail:</th>
<th>*Ship To:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Laser Check Top, Middle, & Bottom**

<table>
<thead>
<tr>
<th>Laser Checks</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>250 Laser Checks</td>
<td>$44.99</td>
</tr>
<tr>
<td>500 Laser Checks</td>
<td>$64.99</td>
</tr>
<tr>
<td>1,000 Laser Checks</td>
<td>$99.99</td>
</tr>
<tr>
<td>2,500 Laser Checks</td>
<td>$199.99</td>
</tr>
<tr>
<td>5,000 Laser Checks</td>
<td>$349.99</td>
</tr>
<tr>
<td>10,000 Laser Checks</td>
<td>$629.99</td>
</tr>
</tbody>
</table>

**Laser Checks 3 to a Page**

<table>
<thead>
<tr>
<th>Laser Checks</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>300 Laser Checks</td>
<td>$29.99</td>
</tr>
<tr>
<td>600 Laser Checks</td>
<td>$39.99</td>
</tr>
<tr>
<td>1,200 Laser Checks</td>
<td>$59.99</td>
</tr>
<tr>
<td>2,400 Laser Checks</td>
<td>$99.99</td>
</tr>
<tr>
<td>4,800 Laser Checks</td>
<td>$189.99</td>
</tr>
<tr>
<td>9,600 Laser Checks</td>
<td>$349.99</td>
</tr>
</tbody>
</table>

**Shipping Charges for Basic Mail**

<table>
<thead>
<tr>
<th>Laser Checks</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>250 Laser Checks</td>
<td>$13.99</td>
</tr>
<tr>
<td>500 Laser Checks</td>
<td>$15.74</td>
</tr>
<tr>
<td>1,000 Laser Checks</td>
<td>$17.18</td>
</tr>
<tr>
<td>2,500 Laser Checks</td>
<td>$27.23</td>
</tr>
<tr>
<td>5,000 Laser Checks</td>
<td>$43.86</td>
</tr>
<tr>
<td>10,000 Laser Checks</td>
<td>$82.12</td>
</tr>
</tbody>
</table>

**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  
- Tan Safety  
- Green Safety  
- Burgundy Safety  
- Teal Safety  
- Violet Safety  
- Grey Safety  
- Blue/Green  
- Blue/Red

**3 to a Page Laser Designs**

- Blue Safety  
- Tan Safety  
- 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:** ____________________________________________________________________________

**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

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

**Shipping Charges for Basic Mail**

<table>
<thead>
<tr>
<th>Laser Checks</th>
<th>Price</th>
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</tr>
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</tr>
<tr>
<td>10,000 Laser Checks</td>
<td>$82.12</td>
</tr>
</tbody>
</table>

**Please select your check design, colors vary by style. Please use EXTRAVALECHECKS.COM for reference**

**Extra Value Checks**  

P.O. Box 340  
Worth, IL 60482-0340
Laser Check Price

- Monogram or Clipart (add $2.50)
- Special Lettering (add $2.50)
- Signature Line Message (add $2.50)
- EZ-Shield (if requested)

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<table>
<thead>
<tr>
<th>Description</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monogram or Clipart</td>
<td>$2.50</td>
</tr>
<tr>
<td>Special Lettering</td>
<td>$2.50</td>
</tr>
<tr>
<td>Signature Line Message</td>
<td>$2.50</td>
</tr>
<tr>
<td>EZ-Shield (if requested)</td>
<td>$2.50</td>
</tr>
</tbody>
</table>

---

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sub-total</td>
<td></td>
</tr>
<tr>
<td>Sales Tax, IL resident 10%</td>
<td></td>
</tr>
<tr>
<td>Shipping Charge (see page 1)</td>
<td></td>
</tr>
</tbody>
</table>

---

Total:

---

*Contact may be required to finalize orders*

1. **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.

2. **OR**

3. **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:

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:

Check Line 1: ________________________________  Phone: ________________________________

Check Line 2: ________________________________  E-mail: ________________________________

Check Line 3: ________________________________  *Ship To:_______________________________

Check Line 4: ________________________________

Check Line 5: ________________________________

*Please refer to EXTRAVALUECHECKS.COM for pricing information*

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*

Optional

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. *

* 2 Personal Check Registers $ 2.99

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

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

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

3
Check Price

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

Sub-total:

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

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: __________________

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