

To order: Please fill out this form, and payment form completely and mail to:

**Extra Value 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><b>Laser Check Top, Middle, &amp; Bottom</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> 250 Laser Checks \$ 44.99</li> <li><input type="radio"/> 500 Laser Checks \$ 64.99</li> <li><input type="radio"/> 1,000 Laser Checks \$ 99.99</li> <li><input type="radio"/> 2,500 Laser Checks \$ 199.99</li> <li><input type="radio"/> 5,000 Laser Checks \$ 349.99</li> <li><input type="radio"/> 10,000 Laser Checks \$ 629.99</li> </ul>	<p><b>Laser Checks 3 to a Page</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> 300 Laser Checks \$ 29.99</li> <li><input type="radio"/> 600 Laser Checks \$ 39.99</li> <li><input type="radio"/> 1,200 Laser Checks \$ 59.99</li> <li><input type="radio"/> 2,400 Laser Checks \$ 99.99</li> <li><input type="radio"/> 4,800 Laser Checks \$ 189.99</li> <li><input type="radio"/> 9,600 Laser Checks \$ 349.99</li> </ul>	<p><b>*Shipping Charges for Basic Mail*</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> 250 Laser Checks \$ 13.99</li> <li><input type="radio"/> 500 Laser Checks \$ 15.74</li> <li><input type="radio"/> 1,000 Laser Checks \$ 17.18</li> <li><input type="radio"/> 2,500 Laser Checks \$ 27.23</li> <li><input type="radio"/> 5,000 Laser Checks \$ 43.86</li> <li><input type="radio"/> 10,000 Laser Checks \$ 82.12</li> </ul>
--	---	---

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

<p><b>Top &amp; Middle Style Laser Designs</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> Blue Safety</li> <li><input type="radio"/> Tan Safety</li> <li><input type="radio"/> Green Safety</li> <li><input type="radio"/> Burgundy Safety</li> <li><input type="radio"/> Teal Safety</li> <li><input type="radio"/> Violet Safety</li> <li><input type="radio"/> Grey Safety</li> <li><input type="radio"/> Blue/Green</li> <li><input type="radio"/> Blue/Red</li> </ul>	<p><b>Bottom Style Laser Designs</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> Blue Safety</li> <li><input type="radio"/> Blue Marble</li> <li><input type="radio"/> Tan Safety</li> <li><input type="radio"/> Tan Marble</li> <li><input type="radio"/> Burgundy Safety</li> <li><input type="radio"/> Burgundy Marble</li> <li><input type="radio"/> Green Marble</li> <li><input type="radio"/> Grey Marble</li> <li><input type="radio"/> Violet Marble</li> </ul>	<p><b>3 to a Page Laser Designs</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> Blue Safety</li> <li><input type="radio"/> Tan Safety</li> <li><input type="radio"/> Green Safety</li> <li><input type="radio"/> Burgundy Safety</li> <li><input type="radio"/> Teal Safety</li> <li><input type="radio"/> Violet Safety</li> <li><input type="radio"/> Grey Safety</li> <li><input type="radio"/> Blue/Green</li> <li><input type="radio"/> Blue/Red</li> </ul>	<ul style="list-style-type: none"> <li><input type="radio"/> Blue Marble</li> <li><input type="radio"/> Tan Marble</li> <li><input type="radio"/> Green Marble</li> <li><input type="radio"/> Burgundy Marble</li> <li><input type="radio"/> Teal Marble</li> <li><input type="radio"/> Violet Marble</li> <li><input type="radio"/> Grey Marble</li> <li><input type="radio"/> Wall Street</li> </ul>
--	---	---	--

Fields marked with \* are required.

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

<ul style="list-style-type: none"> <li><input type="radio"/> Standard Numbering</li> <li><input type="radio"/> Reverse Numbering</li> </ul> <p>*Select one</p>	<ul style="list-style-type: none"> <li><input type="radio"/> Lines on Checks</li> <li><input type="radio"/> No Lines on Checks</li> </ul> <p>*Select one</p>	<p>Yes, want EZ-Sheild on my checks (optional)</p> <ul style="list-style-type: none"> <li><input type="radio"/> Laser Checks Top, Middle, or Bottom \$7.95 per 100 Checks</li> <li><input type="radio"/> Laser Checks 3 to a Page \$6.95 per 300 Checks</li> </ul>	<p># of signature lines _____ (1,2 or 3 available)</p>
--	--	--	--

\*Optional add-ons, all checks come with standard font free.

<p><b>Monogram or Clipart (add \$2.50)</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> Block Letter: _____</li> <li><input type="radio"/> Old English Letter: _____</li> <li><input type="radio"/> Clipart File #: _____</li> </ul> <p>Signature Express Line (add \$2.50): _____</p>	<p><b>Special Lettering (add \$2.50)</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> Old English</li> <li><input type="radio"/> Hip</li> <li><input type="radio"/> Retro</li> <li><input type="radio"/> Wisdom</li> <li><input type="radio"/> Flair</li> </ul>
--	---

Laser Check Price	
Monogram or Clipart (add \$2.50)	
Special Lettering (add \$2.50)	
Signature Line Message (add \$2.50)	
EZ-Shield (if requested)	
<b>Sub-total:</b>	
Sales Tax, IL resident 10%	
Shipping Charge (see page 1)	
<b>Total:</b>	

\*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:

**Extra Value 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 EXTRAVALUECHECKS.COM for pricing information\* Check orders include deposit tickets and one register per box ordered.

<p><b>Top Tear Single Checks:</b></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><b>Top Tear Duplicate Checks:</b></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><b>Side Tear Single Checks:</b></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><b>Side Tear Duplicate Checks:</b></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><b>Top Stub Checks:</b></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>
---	--	--	---	---

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><b>Special Lettering (add \$2.50)</b></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><b>Monogram or Clipart (add \$2.50)</b></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>
--	---

\*Labels are mailed separately\*

**Optional**

<p><b>Return Address Labels:</b></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><b>Special Lettering (add \$1.50)</b></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>
--	---	--

2 Personal Check Registers \$ 2.99

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

\*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.