ABC 2000 com.au
12 Webster St. Dandenong 3175 Vic., **Ph: 9793 6260**
Fax: 9793 6270, Email: *info@abc2000.com.au*

ON LINE SEPT11 **HAND STAMP ORDER**

Customer Contact Details

Company Name: ..... Ph: ..... Fax: .....

Contact Name: ..... E-mail: .....Date: ...../ ...../ .....

Address: ..... P. Code:..... State.....

Choose **S**tyle:

A ☐ Greg Smith
100 Best Street
Melbourne Vic. 3000

B ☐ Greg Smith
Po Box 2260
Dandenong Vic. 3175

C ☐ (italic & caps only)
GREG SMITH
100 BEST STREET
MELBOURNE VIC. 3000

D ☐ (italic only, bold n/a)
Greg Smith
100 Best Street
Melbourne Vic. 3000

Standard Alignment - Centered
Details to be **PRINTED in UPPERCASE**

Optional **:** Lines can be **B**old, *I*talic, U̲PPERCASE, have ***L***eft or ***R***right ***A***lignment

Please write your details clearly **in UPPERCASE,** leave box **blank** when space needed

B ***I*** **U** **A**

1 ☐☐☐☐
2 ☐☐☐☐
3 ☐☐☐☐
4 ☐☐☐☐
5 ☐☐☐☐
6 ☐☐☐☐
7 ☐☐☐☐

☐ Logo required (+$10) If logo or symbol required, please supply B/W clear copy. **Note:** Fax copy are not suitable as artwork

L04 $24 25x63

S11 $19 16X51

S03 10X38 $17

S22 $22 **25X50**

L19 $22 32X32

S18 $22 21X63

S05 10X63 $19

S15 $16 20X20

S01 $13 13X10

L18 $42 63X101

L11 $28 38X57

L23 $25 32X63

L15 $27 44X44

L09 $36 33X100

S20 $18 **25X25**

R45 $28.50 45mm

ORDERS WILL NOT BE PROCESSED UNTIL FULL PAYMENT IS RECEIVED

SUB-TOTAL
$

DELIVERY
$ **7.00** if required

TOTAL
$

Visa ☐ *Master Card* ☐ *Credit card number* *Expiry Date* ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐/☐☐

Name on Card

Amount $ ☐☐☐.☐☐

Signature

Date ☐☐/☐☐/☐☐☐☐