

Custom Stamp Form...

Thank you for considering Medical Supermarket for your customised stamp. Please complete the following details so we can capture the right information. Once your stamp form has been received we will then get a proof and price back to you within 48 hours. The proof will show the actual impression size of the stamp.

Customer Name & Address		Delivery Address (if different)	
Contact Name:			
Tel:	Fax:	Contact Name:	
Self-Inking Stam & Self-Inking Date	rs	& Rubber Daters	Replacement Stamp Pads &
Product Code:		Product Code:	Product Code:
- or - Length:mi	- or -	- or -	Quantity:
Depth:m		Depth:mm	Colour:
Embossing Press	es WARNING I Signs & Badges	Other Products	_ Pad Co
Product Code:	Hot surface Sign Badge	Other Products	Two Colour pleas
Quantity:	Sizo:	Product Code:	Red Green
Where on the page do you wan to emboss?	Text Colour: Background Colour:	Quantity:	Blue Violet
Top Bottom	Fixing:	gaaring.	Black Dry
Please write the wordi	ng you require in the space below. Pleas	se print clearly to avoid any artwork with your order by post	Special Instructions
	or email a PDF, JPEG, TIFF or EPS (300)		
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Please fax this form back to Medical Supermarket

Fax: 0844 507 0041