Sticker.com

The Maker of Stickertape™ Labels
Sticker.com, Inc.
P.O. Box 483 • Nesconset, NY 11767
800-345-6768

ORDER FORM
Order via toll free
FAX: 800-727-5577
Stickertape@sticker.com

Visit us online at www.Sticker.com for a wide selection of laser/inkjet label sheets, mailing & envelope seals and custom printed products.

STICKERTAPE ORDER FORM

Stickertape Labels are Printed with Black Ink only on White Gloss Paper with Permanent Adhesive, Each set contains boxes with 500 labels per box

1

Quantity:

- ❑ *500 Labels - **$39.00***
- ❑ *1,000 Labels - **$49.00***
- ❑ *2,000 Labels - **$79.00***
- ❑ *3,000 Labels - **$99.00***

Shipping:

*Shipping Charge - **$9.75***

Additional Items

HILLIARD LYONS
J.J.B. HILLIARD, W.L. LYONS, LLC.
MEMBER NEW YORK STOCK EXCHANGE AND SIPC

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MEMBER NEW YORK STOCK EXCHANGE AND SIPC
Robert D. Advisor
Financial Advisor
1234 Main Street, Suite 500
New York, NY 10003
212-555-7000 / 800-555-7000

Size: *2" x 1" Round Corners*
Material: *White Gloss Paper Permanent*
Colors: *1 Color, Black*
Quantity: *See Below*
Supplied: *Rolls*

*****Tax will be charged to NY State Orders Only*****

2

Method of Payment: ❑ *American Express* ❑ *MasterCard* ❑ *Visa* ❑ *Discover* ❑ *Check Enclosed (payable to Sticker.com, Inc.)*

Credit Card Number: _____ *Exp. Date:* _____/_____

Cardholder's Name: _____ *VCC Code:* _____

Cardholder's Signature: _____ *Date:* _____/_____/_____

❑ E-mail me an Invoice that I can Submit to the PayBills system for payment.

E-mail Invoce to: _____

*****Please print clearly or type*****

The more lines your sticker contains (or longer lines) the smaller the overall print will be

3

To Appear on Label

Company Logo (leave blank if no logo will be printed)
Executive's Name
Title (if desired, if left blank title will be printed)
Street Address (one line only)
City, State Zip Code
Telephone Number(s) (no more than two phone/fax numbers)
1 Extra Line if space permits (extra line will be printed as the last line of the label)

Ship to

*****Leave Blank if "Ship to" Address is the same as on Label*****

Company Name
Attention to
Street Address (please, no P.O. Boxes)
City, State Zip Code
Contact's Phone / Fax
E-mail

O E-mail me an artwork proof to: _____

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Alignment

❑ _____
❑ _____
❑ _____

Re-order sample

WHEN REORDERING
PLACE A SAMPLE
LABEL HERE

Re-Order #_____
(If available)

*****FOR OFFICE USE ONLY*****

Invoice #: _____
Sent to: _____
Date: _____

Sample above will not be followed or copy. Information provided in Section 3 will be used..

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