

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

Sticketape 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: <input type="checkbox"/> 500 Labels - \$39.00 <input type="checkbox"/> 1,000 Labels - \$49.00 <input type="checkbox"/> 2,000 Labels - \$79.00 <input type="checkbox"/> 3,000 Labels - \$99.00 Shipping: Shipping Charge - \$9.75	Additional Items	<h1>RAYMOND JAMES®</h1> <h2>FINANCIAL SERVICES, INC.</h2> <p>Member FINRA/SIPC</p>	Size: 2" x 1" Round Corners Material: White Gloss Paper Permanent Colors: 1 Color, Black Quantity: See Below Supplied: Rolls
		 <p>Robert D. Advisor Financial Advisor 1234 Main Street, Suite 500 New York, NY 10003 212-555-7000 / 800-555-7000</p>	

****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 Invoice 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)	Ship to	**Leave Blank if "Ship to" Address is the same as on Label**
	Executive's Name		Company Name
	Title (if desired, if left blank title will be printed)		Attention to
	Street Address (one line only)		Street Address (please, no P.O. Boxes)
	City, State Zip Code		City, State Zip Code
	Telephone Number(s) (no more than two phone/fax numbers)		Contact's Phone / Fax
1 Extra Line if space permits (extra line will be printed as the last line of the label)	E-mail		

E-mail me an artwork proof to: _____

5 	Alignment <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	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..		