

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	<p>Quantity:</p> <p><input type="checkbox"/> 500 Labels - \$39.00</p> <p><input type="checkbox"/> 1,000 Labels - \$49.00</p> <p><input type="checkbox"/> 2,000 Labels - \$79.00</p> <p><input type="checkbox"/> 3,000 Labels - \$99.00</p> <p>Shipping:</p> <p>Shipping Charge - \$9.75</p>	<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Additional Items</p>	<h1>STIFEL NICOLAUS</h1> <div style="border: 1px solid black; padding: 5px; margin: 10px auto; width: 80%;"> <p>STIFEL NICOLAUS Robert D. Advisor Financial Advisor 1234 Main Street, Suite 500 New York, NY 10003 212-555-7000 / 800-555-7000</p> </div> <p>Size: 2" x 1" Round Corners Material: White Gloss Paper Permanent Colors: 1 Color, Black Quantity: See Below Supplied: Rolls</p>
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****Tax will be charged to NY State Orders Only****

2	<p>Method of Payment: <input type="checkbox"/> American Express <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Discover <input type="checkbox"/> Check Enclosed (payable to Sticker.com, Inc.)</p> <p>Credit Card Number: _____ Exp. Date: ____/____/____</p> <p>Cardholder's Name: _____ VCC Code: _____</p> <p>Cardholder's Signature: _____ Date: ____/____/____</p> <p><input type="checkbox"/> E-mail me an Invoice that I can Submit to the PayBills system for payment.</p> <p>E-mail Invoice to: _____</p>
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****Please print clearly or type****

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

3	<p>Company Logo (leave blank if no logo will be printed)</p> <hr/> <p>Executive's Name</p> <hr/> <p>Title (if desired, if left blank title will be printed)</p> <hr/> <p>Street Address (one line only)</p> <hr/> <p>City, State Zip Code</p> <hr/> <p>Telephone Number(s) (no more than two phone/fax numbers)</p> <hr/> <p>1 Extra Line if space permits (extra line will be printed as the last line of the label)</p>	<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Ship to</p>	<p>**Leave Blank if "Ship to" Address is the same as on Label**</p> <p>Company Name</p> <hr/> <p>Attention to</p> <hr/> <p>Street Address (please, no P.O. Boxes)</p> <hr/> <p>City, State Zip Code</p> <hr/> <p>Contact's Phone / Fax</p> <hr/> <p>E-mail</p>
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E-mail me an artwork proof to: _____

5	<p>STIFEL NICOLAUS Robert D. Advisor Financial Advisor 1234 Main Street, Suite 500 New York, NY 10003 212-555-7000 / 800-555-7000</p>	<p>Alignment</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p>	<p>Re-order sample</p> <p>WHEN REORDERING PLACE A SAMPLE LABEL HERE</p> <p>Re-Order # _____ (If available)</p>	<p>**FOR OFFICE USE ONLY**</p> <p>Invoice #: _____</p> <p>Sent to: _____</p> <p>Date: _____</p>
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Sample above will not be followed or copy. Information provided in Section 3 will be used..