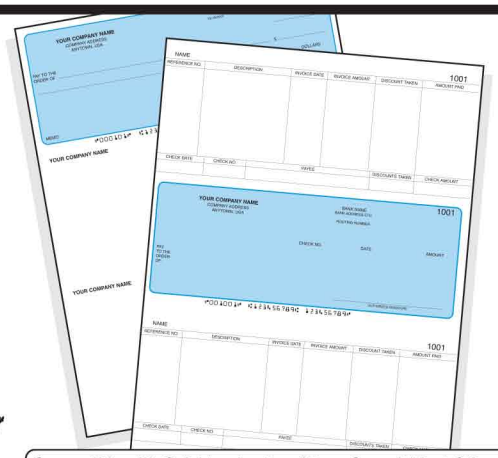
COMPUTER CHECKS 24 HOUR SERVICE!

Free Shipping on First Check Order! NO HIDDEN CHARGES!

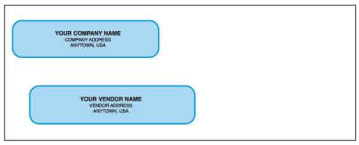
Qty.	Price	
50	$26.50!	Free Shipping on 1st order
100	$38.50!	Free Shipping on 1st order
250	$61.50!	Free Shipping on 1st order
500	$83.50!	Free Shipping on 1st order
1000	$125.50!	Free Shipping on 1st order
2000	$222.50!	Free Shipping on 1st order



Compatible with Quickbooks, Peachtree, Sage & Most Others
Colors available: Blue, Green, Gray, Gold, Burgundy & Brown
No extra charge for logos (black ink only)

Qty.	Price	
3000	$279.50!	Free Shipping on 1st order
5000	$392.50!	Free Shipping on 1st order

ENVELOPES FOR CHECKS



Regular Glue		Self Seal	
500	38.00	500	50.00
1000	69.00	1000	94.00
2500	166.00	2500	225.00

DEPOSIT SLIPS

STYLES A & B DEPOSIT SLIPS

1 Part - 50 per book

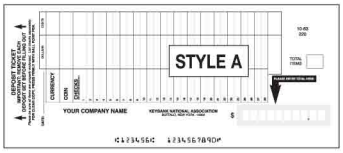
Qty.	200	400	600	1000
Price	38.00	54.00	67.00	99.00

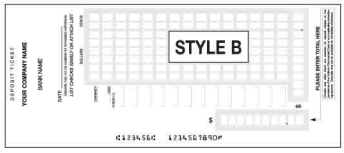
2 Part - 50 sets per book

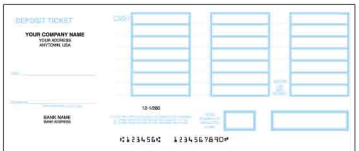
Qty.	200	400	600	1000
Price	59.50	88.50	117.00	174.00

3 Part - 35 sets per book

Qty.	200	400	600	1000
Price	73.50	109.00	139.00	207.00







QUICKBOOKS COMPATIBLE DEPOSIT SLIPS

Qty.	Price
100	29.50
250	51.50
500	80.50
1000	119.50

SELF-INKING DEPOSIT STAMPS

Up to 5 lines of copy
$34.00 ea

HOW TO ORDER:

Email, Fax or Mail this completed order form with payment information and a copy of your check to:

Email:
info@checkmateserviceline.com

Fax: 866-795-6283

Mail:
Check Mate Service Line
P.O. Box 41582
Providence, RI 02940

Payment:

❑ **Debit this account**

❑ **Charge credit card**

VISA MasterCard AMERICAN EXPRESS DISCOVER NETWORK

Card# _____

Exp. _____/_____ _____ Security Code

Name on Card _____

Address for Card _____

City _____

State _____ Zip _____

(all information must be filled in)

PERSON ORDERING: _____ PHONE: _____

EMAIL: _____ FAX:: _____

BILL TO:

COMPANY NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

SHIP TO: *(if different from Bill to)*

COMPANY NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

QTY.	SOFTWARE PROGRAM / ITEM	COLOR	STARTING # ❑ *(√ for reverse no.)*	TOTAL
			TOTAL	

RI add 7% Sales Tax

Please supply a check, deposit slip or bank specification sheet for imprint and account information.
If not available, please fill in the information below. Once we receive your order, we will email or fax you a proof.

IMPRINT INFORMATION

Individual / Company Name: _____

_____

Address: _____

_____

City _____ State _____ Zip _____

BANK INFORMATION

Bank Name: _____

Bank Address: _____

Routing #: _____

Account #: _____

Call Toll Free: (800) 790-6283 • Fax (866) 795-6283

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