

# VL 150 CHEQUE ORDER FORM

Viceroy Business Forms

Tel: (416) 588-0077  
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A Division of VICEROY INTERNATIONAL FORMS  
266 Roncesvalles Ave., Toronto, ON, M6R 2M1

Sales Order#   
Purch. Order #

**PLEASE MAKE CHEQUES PAYABLE TO: VICEROY INTERNATIONAL FORMS**

Office use only:       Emergency     Rush     Critical     Normal     Routine

**1. Approved:**      Authorized Signature: \_\_\_\_\_

Date ordered:

**2. Please fill in:**      Software: Magstar Total Retail<sup>R</sup> \_\_\_\_\_

\* Please fill in date required:

New order       Repeat order     Exact     With changes

Previous Order No.

Ref letter	Form Number	Description (e.g. cheque, inv, ec)	Form type (e.g. continuous, laser)	No. of parts	Start No.	Qty	Base Amount
A	VL 150	Payroll Cheque	Laser				
B	VL 150	Payroll/Accounts Payable Cheque	Laser				
C	VL 150	Accounts Payable Cheque	Laser				

**3 Options**      see description of options in Price list. Important: When ordering options see Ref. letter from 2.

Ref	Logo(kind)	Ink colour(s)	Others (please specify)	Amount
A				
B				
C				
Shipping & Handling				
				Subtotal
				PST
				GST
				Total

**Shipping instructions:**       Customer pickup     Other \_\_\_\_\_

Ship by Air Courier       Ship by Ground Courier

**Ship by Canada Post**       Priority Courier     Xpresspost       Regular Post

Ship on Customer Account # \_\_\_\_\_ via: \_\_\_\_\_

**4 Personalized Information:**

A sample cheque marked "VOID" or a MICR sheet from your bank is required to process your cheque order.

Make sure the information is up to date. The information will appear as you show it.

Background colour:

Standard:  blue #287    Optional:  green #348     buff #142     red #185     brown #168     gray     burgundy #220

**5 Shipping, Billing & Mailing Information:**

<b>Bill to:</b> Company:	<input style="width: 100%; height: 20px;" type="text"/>
Address:	<input style="width: 100%; height: 20px;" type="text"/>
City/Prov/Code:	<input style="width: 100%; height: 20px;" type="text"/>
<b>Ship to:</b> Company:	<input style="width: 100%; height: 20px;" type="text"/>
Street address:	<input style="width: 100%; height: 20px;" type="text"/>
City/Prov/Code:	<input style="width: 100%; height: 20px;" type="text"/>

<b>Contact:</b>	<input style="width: 100%; height: 20px;" type="text"/>
Phone	<input style="width: 100%; height: 20px;" type="text"/>
Fax	<input style="width: 100%; height: 20px;" type="text"/>
Email	<input style="width: 100%; height: 20px;" type="text"/>

**Mail invoice to:**  
 Billing address       Shipping address  
 Other: \_\_\_\_\_

**6 Payment Terms:**

I will be paying by:       Visa     Approved cheque     Other

**Payment w/order**

Name of cardholder	Card Number:	Exp. Date:
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E-mail: [cs@vicforms.com](mailto:cs@vicforms.com)