

 LIBERTY CHECK PRINTERS <i>Please print information as it appear on check</i>		Product Code:	<input type="checkbox"/> 1 Box <input type="checkbox"/> 3 Boxes <input type="checkbox"/> 2 Boxes <input type="checkbox"/> ___ Boxes	Starting Check Number: _____	Date: _____
Name	Product Selection: <input type="checkbox"/> Singles <input type="checkbox"/> Duplicates	Select Optional Accessories: <input type="checkbox"/> Cover <input type="checkbox"/> Wallet <input type="checkbox"/> Stamps Enter Accessory Code: _____			
Name 2		Bill to: <input type="checkbox"/> Member <input type="checkbox"/> Credit Union <input type="checkbox"/> Employee Discount <input type="checkbox"/> Split <input type="checkbox"/> Annual (Premier Only)	Charge Ship: <input type="checkbox"/> Member <input type="checkbox"/> Credit Union Extra Signature Line: <input type="checkbox"/> 2nd Signature Line <input type="checkbox"/> _____	Personalization: <input type="checkbox"/> Font: _____ <input type="checkbox"/> Monogram: _____ <input type="checkbox"/> Accent: _____ Personalization Code: _____	
Address 1	Shipping Address (if different from above) OR <input type="checkbox"/> Ship to Credit Union				
City, St, Zip	Account # 7429 _____ Branch: _____				
Phone # (optional)	Account Type: <input type="checkbox"/> P - Premier <input type="checkbox"/> C - Classic <input type="checkbox"/> F - Free <input type="checkbox"/> M - Medical Savings				
Credit Union Contact Information		Branch: _____		Ordered by: _____	Date: _____
				Verified by: _____	Date: _____

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