

MAIL, FAX OR PHONE
ALL ORDERS TO:

**nealson
business systems inc.**

1661 PARK DRIVE
TRAVERSE CITY, MI 49686
(800) 998-8840 FAX: (800) 777-2357
CERIDIAN ORDER DEPT.

P.O. No. _____
Contact _____

DATE OF ORDER	CERIDIAN DATA CENTER	CERIDIAN REPRESENTATIVE NAME	CUSTOMER'S PHONE NO.
/ /			

SHIP TO: COMPANY NO. _____ SUB. CO. NO. _____
COMPANY NAME _____
ATTENTION _____
STREET NO. _____
CITY _____ STATE _____ ZIP _____

DELIVERY:

- NORMAL - 10 WORK DAYS
- RUSH - 5 WORK DAYS \$150.00 ADDITIONAL
- RUSH - 3 WORK DAYS \$175.00 ADDITIONAL
- HOT 24 HRS - CALL PLANT FOR PRICING

SHIP VIA:

- UPS GROUND
- UPS 2ND DAY AIR
- NEXT DAY AIR

QUANTITY ORDERED	STARTING NUMBER (SHOULD DIFFER FROM DATA CENTER SEQUENCE)	CHECK STYLE
		<input type="checkbox"/> Basic XPRESSCHECK™ - Black print on a Blue/Green Background <input type="checkbox"/> Custom XPRESSCHECK™ - Ink Colors BLUE ___ GREEN ___ BLACK ___ RED ___ BROWN ___ Ink colors other than above contact the CERIDIAN order desk.
CHECK SEQUENCING (LASER PRINTER FEEDS)		
<input type="checkbox"/> LOW NUMBER ON TOP FACE UP <input type="checkbox"/> LOW NUMBER ON TOP FACE DOWN		

NEW ORDER - MAIL OR FAX SAMPLE OF CURRENT PAYROLL CHECK OR A CERIDIAN ISSUED CHECK VERIFICATION DOCUMENT, TO INCLUDE THE FOLLOWING INFORMATION:

- COMPANY LOGO* (ADDITIONAL CHARGES APPLY)
- NAME and ADDRESS
- NUMBER OF SIGNATURE LINES NONE 1 2
- MICR SPEC SHEET FROM BANK

NOTE: LEGIBILITY IS SOMETIMES AN ISSUE ON FAXED ORDERS. PLEASE WRITE THE "FRACTION" THAT APPEARS IN THE UPPER RIGHT CORNER OF YOUR CHECK ____ - ____ / ____ (EXAMPLE 74-367/724)

***ARTWORK FOR LOGOS CANNOT BE FAXED - PLEASE MAIL A CAMERA READY LOGO OR EMAIL AN .EPS FORMATTED FILE TO: prepress@gtcontinuous.com**

EXACT REPEAT ORDER - CALL OR SEND SAMPLE OF LAST ORDER, OR FAX A COMPLETED REORDER FORM WITH QUANTITY DESIRED AND STARTING NUMBER

CHANGED REPEAT ORDER - SEND SAMPLE OF LAST ORDER WITH CHANGES INDICATED, QUANTITY DESIRED AND STARTING NUMBER

CUSTOM XPRESSCHECK ENVELOPES QTY. 500 1000 2000 OTHER

THANK YOU,