



The Key To Automated Check Security
1940 Colvin Court
McMinnville, OR 97128

ORDER FORM

Phone: (800) 869-0236
Fax: (503) 434-6363
Email: orders@wycomsystems.com
Web Site: www.wycomsystems.com

Order Information RUSH ORDER (Charge Applies)

Manufacturer's Representative _____ Contact _____ PO # _____

Bill To <input type="checkbox"/> Customer <input type="checkbox"/> Rep <input type="checkbox"/> UPS 1 Day <input type="checkbox"/> UPS 2 Day	Ship To <input type="checkbox"/> Customer <input type="checkbox"/> Rep <input type="checkbox"/> UPS 3 Day <input type="checkbox"/> UPS Ground	Billing Address	Shipping Address
		F&E Check Protector Company	
		PO Box 670289	
		Northfield, OH 44067	
		9080 Olde Eight Rd	

Customer Information **System Configuration**

Name _____
Contact _____
Address _____
Phone# () - Ext. _____
Fax# () - _____

Unit Classic Elite Premier

System License

Standard Dot Matrix
 Standard Laser
 MICR Laser
 MICR Laser Converter
 Standard Converter

Qty. _____

Operating System _____

Application Software or System Integrator _____

Printer Info.

Make _____ Model _____

Parallel/Serial/Ethernet _____

Dot Matrix Emulation _____

Laser Printer Driver _____

Standard License Information - All Orders

	Pos 1	Pos 2	Pos 3	Pos 4	Pos 5	Pos 6	Pos 7	Pos 8
APPLICATION NAME								
Signature Placement	TOP SIGNATURE #							
	MIDDLE SIGNATURE #							
	BOTTOM SIGNATURE #							

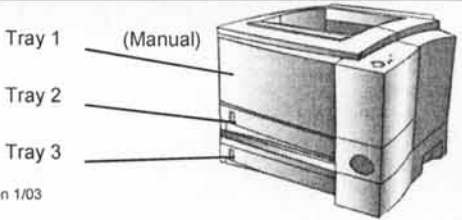
Enhanced Security Options

Check Protection? Prefix # ?	Y/N #	Y/N #	Y/N #	Y/N #	Y/N #	Y/N #	Y/N #	Y/N #
Add Top Signature @ \$	\$	\$	\$	\$	\$	\$	\$	\$
Suppress Top Signature @ \$	\$	\$	\$	\$	\$	\$	\$	\$
Suppress All Signatures @ \$	\$	\$	\$	\$	\$	\$	\$	\$
Void Check @ \$	\$	\$	\$	\$	\$	\$	\$	\$

MICR Laser License Information

Print MICR Line? Y/N								
Print Check #? Y/N								
Print Form? Y/N								
Print Manual Checks? Y/N								
Copies Y/N? (laser only)								
Copy Paper Tray Source								

Copy Paper Tray Source **Wycom Use Only**



Unit Serial #(s) _____

Date Received _____

Order # _____

Ship Wycap Card with unit

Date Finished _____

Wycap Card # _____

Referral _____



Instructions

- Step One:** Sign in center of white space.
- Step Two:** Circle yes or no for background.
- Step Three:** Circle yes or no for title. If yes, print title on line provided. Title will be printed as seen on form.

F&E CHECK PRO'S PO Box 670289; Northfield OH 44067

#1		Background: YES / NO _____ Print Title: YES / NO _____
#2		Background: YES / NO _____ Print Title: YES / NO _____
#3		Background: YES / NO _____ Print Title: YES / NO _____
#4		Background: YES / NO _____ Print Title: YES / NO _____
#5		Background: YES / NO _____ Print Title: YES / NO _____
#6		Background: YES / NO _____ Print Title: YES / NO _____
#7		Background: YES / NO _____ Print Title: YES / NO _____
#8		Background: YES / NO _____ Print Title: YES / NO _____

PREFIX EXAMPLES

SIGNATURE EXAMPLES

	LASER		DOT MATRIX
L1	EXACTLY	D1	EXACTLY
L2	THE SUM OF	D2	THE SUM OF
L3	PAY	D3	PAY
L4	REGISTERED	D4	REGISTERED
L5	Custom Prefix Attach Camera Ready Sample Here: <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	D5	Custom Prefix Attach Camera Ready Sample Here: <div style="border: 1px solid black; height: 40px; width: 100%;"></div>

Background and Title with signature:

CHIEF EXECUTIVE OFFICER

Background with signature:

Plain signature: