

Phone: 718.855.5955 Fax: 718.855.5919 Sales@BroadwayComputerChecks.com

Date:

Payment

Info:

Comments:

Exp:

Billing Address of Card:

Information to Print on Check: Please Type on the Designated Lines Need Help?	Shipping Info:
Line 1:	Name
Line 2:	
Line 3:	Address
Line 4:	City State
Line 5:	
Line 6:	Zip Attention
Bank Information: Need Help?	ALL FIRST TIME ORDER
Bank Name:	MUST BE ACCOMPANIED BY A SAMPLE VOIDED CHECK.
Bank Address:	Please Fax or Email a sample
City, State, Zip	voided check so we can read the
Bank Account Number:	Bank name and MICR coding line on the bottom of the
<u>9 Digit Routing Number:</u>	check.We cannot process your
Routing Fractional Number:	order before we receive your
Starting Check Number: (Default starting number is 1001)	voided Check or Deposit Slip.
	N OF CHECK:
Optional Features & Design:	
Lines on Checks: If selected, lines will be printed on checks to enab	le hand-writing Need Help?
Reverse Numbering: <u>Need Help?</u> 2 Signatures Lines (default is 1) <u>Need Help?</u>	eed Help?
Print Text above Signature Line: <u>Need Help?</u> Fill in:	
BLANK CHECK FORMS: (Amount) ENDORSMENT S	STAMP: (Amount)
DOUBLE WINDOW ENVELOPES:	
DEPOSIT SLIPS: (Amount)	
Please Email Logo as attachment in JPEG or Bitmap file to: Sales@BroadwayComputerChecks.com	
Card Type Card #	

CVV: (3 or 4 digit)

Name on Card

Zip Code: