







# Custom Stamp Form

Thank you for considering Medical Supermarket for your customised stamp.

Please complete the following details so we can capture the right information. Once your stamp form has been received we will get a proof and price back to you within 48 hours. \*The proof will show the actual impression size of the stamp.

Please state your email address: \_\_\_\_\_

<b>Customer Name &amp; Address</b>  Contact Name: Tel: _____ Fax: _____		<b>Delivery Address (if different)</b>  Contact Name:	
 <b>Self-Inking Stamps &amp; Self-Inking Daters</b> Product Code: ..... Quantity: ..... - or - Length: .....mm Depth: .....mm	 <b>Pre-Inked Stamps</b> Product Code: ..... Quantity: ..... - or - Length: .....mm Depth: .....mm	 <b>Rubber Stamps &amp; Rubber Daters</b> Product Code: ..... Quantity: ..... - or - Length: .....mm Depth: .....mm	 <b>Replacement pads Stamp Pads &amp; Inks</b> Product Code: ..... Quantity: ..... Colour: .....
 <b>Embossing Presses</b> Product Code: ..... Quantity: ..... Where on the page do you want to emboss? <input type="checkbox"/> Top <input type="checkbox"/> Bottom	 <b>Signs &amp; Badges</b> <input type="checkbox"/> Sign <input type="checkbox"/> Badge Size: ..... X ..... Text Colour: ..... Background Colour: ..... Fixing: .....	<b>Other Products</b> Product Code: ..... Quantity: .....	<b>Pad Colours</b> <input type="checkbox"/> Two Colour <input type="checkbox"/> please tick <input checked="" type="checkbox"/> <input type="checkbox"/> Red <input type="checkbox"/> Green <input type="checkbox"/> <input type="checkbox"/> Blue <input type="checkbox"/> Violet <input type="checkbox"/> <input type="checkbox"/> Black <input type="checkbox"/> Dry <input type="checkbox"/>
Please write the <b>wording you require</b> in the space below. Please print clearly to avoid any misinterpretations. For stamps with logo's or signatures please send artwork with your order by post or email a PDF, JPEG, TIFF or EPS (300dpi).			<b>Special Instructions</b>          Signed: _____

Please email this completed form back to us

[sales@medical-supermarket.com](mailto:sales@medical-supermarket.com)

• 020 3301 6500

• [www.medical-supermarket.com](http://www.medical-supermarket.com)