



SIGNATURE PLATE ORDER FORM



Paymaster Model# _____

ORDERS WILL NOT BE PROCESSED WITHOUT THE FOLLOWING INFORMATION

SERIAL# _____ QUANTITY: _____

COMPANY: _____ PHONE NO: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

Please enclose a sample of a voided live check with this form so the signature can be positioned as accurately as possible.

Do not write anything on the signature line of the voided check.

Date Received: _____ Date Mailed: _____

Distributor: _____



Print signature (s) here: (USE BLACK INK ONLY)

FAX AND MAIL ORIGINAL COMPLETED FORM TO:

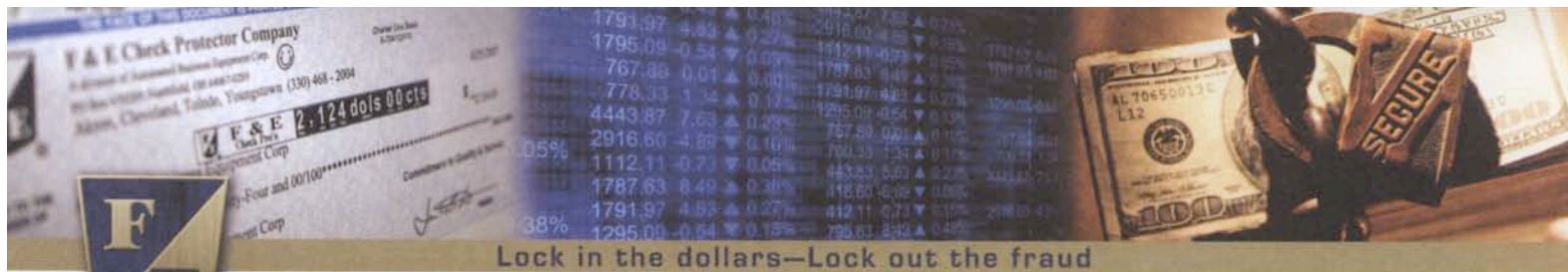
**F & E Check Pro's
PO Box 670289; Northfield, Ohio 44067
Fax: 330-468-0696**

AUTOMATED BUSINESS EQUIPMENT CORP.

F & E Check Protector Co. | P.O. Box 670289 | Northfield, Ohio 44067

office 330.468.2004 | 800.852.6301 | fax 330.468.0696 | web: fecheckpros.com | email: ServiceSales@fecheckpros.com

...secure, accurate, & fast monetary transactions.



ATTN: _____ **Fax#:** _____

PAYMASTER SIGNATURE PLATE FAX MEMO

Attached is the signature plate form you requested for placing an order for a new Paymaster signature plate. If you should need additional forms, copies can be made from this original.

Please fill in all required information and enclose a sample of a voided live check so the signature can be positioned as accurately as possible. Do not write anything on the signature line of the voided check.

We will need the following information before we can place your order with the manufacturer.

MODEL: _____

SERIAL#: _____

QUANTITY: _____

The cost of your new signature plate is \$ _____ plus shipping, which includes

_____.

If you have any questions, please don't hesitate to call us. Thank you in advance for your order.

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