



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 # \_\_\_\_\_

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

Name _____ Contact _____ Address _____ Phone# ( ) - Ext. Fax# ( ) -	<b>Unit</b> <input type="checkbox"/> Classic <input type="checkbox"/> Elite <input type="checkbox"/> Premier	<b>Printer Info.</b>
	<b>System License</b> <input type="checkbox"/> Standard Dot Matrix <input type="checkbox"/> Standard Laser <input type="checkbox"/> MICR Laser <input type="checkbox"/> MICR Laser Converter <input type="checkbox"/> Standard Converter	Qty. _____
	Operating System _____	Make _____ Model _____
	Application Software or System Integrator _____	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**

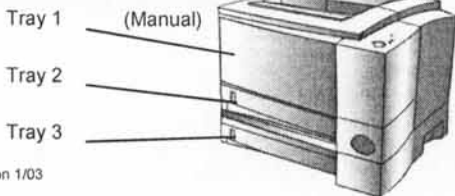
Check Protection? Prefix # ?	Y/N #	Y/N #	Y/N #	Y/N #	Y/N #	Y/N #	Y/N #	Y/N #
Add Top Signature @ \$	\$	\$	\$	\$	\$	\$	\$	\$
Suppress Top Signature @ \$	\$	\$	\$	\$	\$	\$	\$	\$
Suppress All Signatures @ \$	\$	\$	\$	\$	\$	\$	\$	\$
Void Check @ \$	\$	\$	\$	\$	\$	\$	\$	\$

**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)**

\_\_\_\_\_  
\_\_\_\_\_

Ship Wycap Card with unit

**Wycap Card #** \_\_\_\_\_

Date Received \_\_\_\_\_

Order # \_\_\_\_\_

Date Finished \_\_\_\_\_

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

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

**PREFIX EXAMPLES**

LASER	DOT MATRIX
L1	D1 EXACTLY\$
L2	D2 THE SUM OF\$
L3	D3 PAY\$
L4	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>

**SIGNATURE EXAMPLES**

Background and Title with signature:



Background with signature:



Plain signature:

