



**STAMP**  
2000PLUS

# TRANSFER AGENT INSPECTION TOOLS ORDER FORM

PLEASE CAREFULLY FOLLOW STEPS 1-5 TO INSURE YOUR EQUIPMENT ORDER IS PROCESSED PROMPTLY.

## 1. TOOLS

ITEM	DESCRIPTION	QUANTITY	COST.EA.*	TOTAL
KS-V4912	<b>STAMP 2000</b> Standard Verified Self-Inking Stamp		\$ 11.00	
KS-V5208A	<b>STAMP 2000</b> Heavy Duty Verified Self-Inking Dater Stamp		\$ 39.95	
KS-V5208C	<b>STAMP 2000</b> Heavy Duty Verified Self-Inking Dater Stamp w/Signature Line		\$ 39.95	
KS-V5208B	<b>STAMP 2000</b> Heavy Duty Verified Self-Inking Dater Stamp w/Personalized Name		\$ 44.95	
FE-T1700	<b>STAMP 2000</b> Visual Inspection Aid		\$ 28.00	
* Pricing does not include Shipping & Handling				

## 2. PERSONALIZATION

FOR  
KS-V5208C

Clearly Print Name/s, Use separate paper for additional names.

1st Name: \_\_\_\_\_

2nd Name: \_\_\_\_\_

3rd Name: \_\_\_\_\_

## 2. PAYMENT INFORMATION

**DO NOT INCLUDE PAYMENT WITH ORDER.  
YOU WILL BE INVOICED!**

## 3. SHIPPING & BILLING

**DATE:** \_\_\_\_\_

**SHIP TO:**

Company: \_\_\_\_\_

Street: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Att.: \_\_\_\_\_

Tel.: \_\_\_\_\_

Purchase Order No.: \_\_\_\_\_

**BILL TO:** (If different)

Company: \_\_\_\_\_

Street: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Att.: \_\_\_\_\_

Tel.: \_\_\_\_\_

As a condition of the acceptance and fulfillment of this order, purchaser agrees that the Program Administrator and its officers, directors, employees and agents shall not have any responsibility for the manufacture, delivery, or performance of this medallion imprint equipment.

## 4. DELIVERY INFORMATION

For Delivery/Shipping Information call Hampton Technologies  
631-924-1498, 9AM-3PM EST.

**For security reasons, all orders are shipped UPS Blue 2-Day.**

**RUSH SERVICE:** [ ] CHECK HERE

Expedited order processing and overnight delivery is available at an additional charge of \$25 plus overnight shipping and handling costs.

## 5. SEND ORDER TO:

**HAMPTON TECHNOLOGIES, LLC**  
**19 INDUSTRIAL BOULEVARD**  
**MEDFORD, NEW YORK 11763**  
**PHONE: 800 229-1019 FAX: 631 924-1669**

## OFFICE USE ONLY:

**TRACKING No.** \_\_\_\_\_

**Serial No.** \_\_\_\_\_

**Scanners** 1. \_\_\_\_\_  
2. \_\_\_\_\_

**Readers** 1. \_\_\_\_\_  
2. \_\_\_\_\_

[ ] NEW [ ] REORDER

Equipment Checked By: \_\_\_\_\_