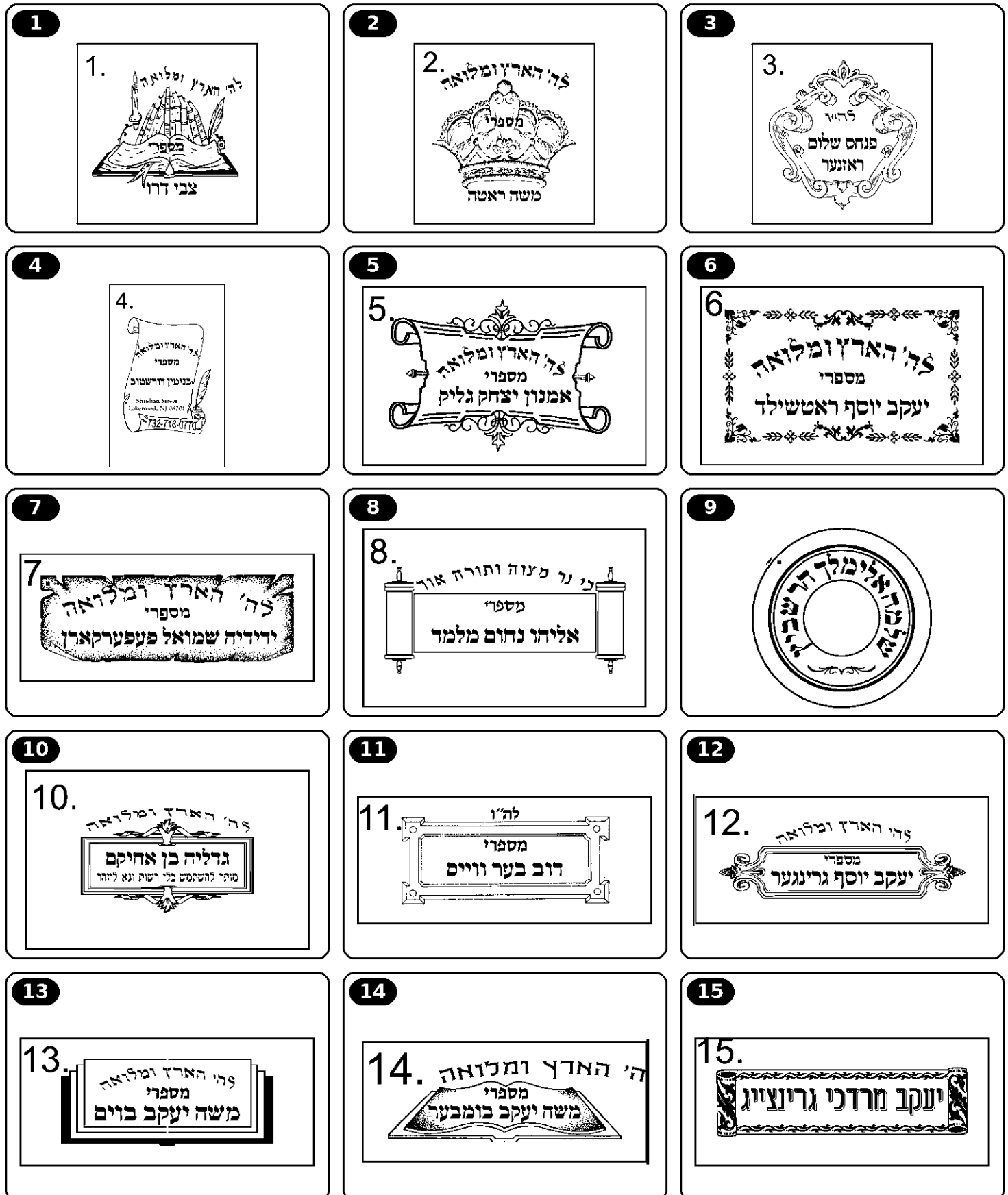




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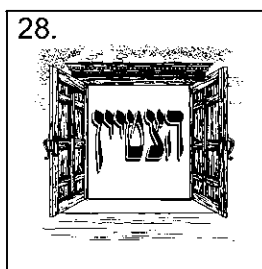
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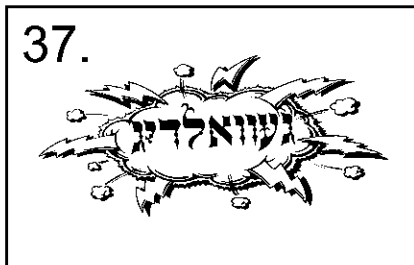
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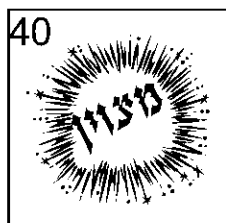
38



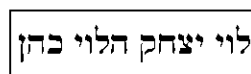
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# Stamp Order Form

| 1. Stamp # <span style="background-color: black; color: black;">          </span>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|
| 2. <div>Stamp<br/>Data<br/>By<br/>Line<br/>Print<br/>Clearly</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 1. _____  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 2. _____  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 3. _____  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 4. _____  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 5. _____  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 6. _____  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 7. _____  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 8. _____  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 9. _____  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 10. _____ |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 11. _____ |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 12. _____ |
| 3.<br>Paymen: <input type="checkbox"/> Check No. _____<br><br><input type="checkbox"/> Credit Card # <span style="border: 1px solid black; display: inline-block; width: 15px; height: 15px;"></span> <span style="border: 1px solid black; display: inline-block; width: 15px; height: 15px;"></span> <span style="border: 1px solid black; display: inline-block; width: 15px; height: 15px;"></span> <span style="border: 1px solid black; display: inline-block; width: 15px; height: 15px;"></span> <span style="border: 1px solid black; display: inline-block; width: 15px; height: 15px;"></span> <span style="border: 1px solid black; display: inline-block; width: 15px; height: 15px;"></span> <span style="border: 1px solid black; display: inline-block; width: 15px; height: 15px;"></span> <span style="border: 1px solid black; display: inline-block; width: 15px; height: 15px;"></span> <span style="border: 1px solid black; display: inline-block; width: 15px; height: 15px;"></span> <span style="border: 1px solid black; display: inline-block; width: 15px; height: 15px;"></span> <span style="border: 1px solid black; display: inline-block; width: 15px; height: 15px;"></span> <span style="border: 1px solid black; display: inline-block; width: 15px; height: 15px;"></span> <span style="border: 1px solid black; display: inline-block; width: 15px; height: 15px;"></span> <span style="border: 1px solid black; display: inline-block; width: 15px; height: 15px;"></span><br>Card Holders Name _____ Exp. Date ____/____<br>(CW2) 3 Digit Security code 4 digit security code for Amex _____<br><br><div style="border: 1px solid black; padding: 10px; min-height: 100px;">Comments:</div> |           |

Email To: [ysmgraphics@gmail.com](mailto:ysmgraphics@gmail.com)