YOUR COMPANY NAME

123456

CHECK NO.

YOUR COMPANY NAME
YOUR ADDRESS
CITY, STATE ZIP
YOUR PHONE NUMBER

BANK NAME
CITY, STATE ZIP

123456

CHECK NO.

PAY

DATE

AMOUNT

TO THE
ORDER
OF

YOUR COMPANY NAME

MP

HEAT SENSITIVE
SAFE
FADES WITH TOUCH

⑈123456⑈ ⑆123456789⑆ ⑈123456789⑈

YOUR COMPANY NAME

123456

CHECK NO.

FORM L0102E   DPA FORMS DIVISION   (888) 629-9640   T-00000