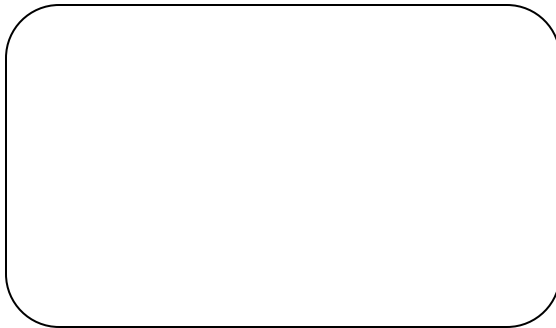


D24 CARD DESIGN ORDER FORM

Customer Name: _____
Card Name: _____
P.O. Number: _____
Ref. Number: _____

Date: _____
Quantity: _____
Thickness: _____

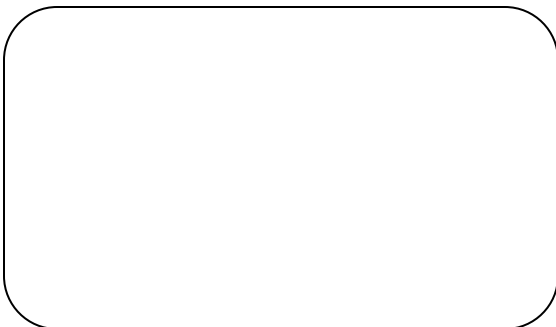
FRONT
Top



Bottom

* Same Position (Flip from left to right)

BACK
Top



Bottom

It is the responsibility of the customer whose signature appears below to thoroughly check this Card Design Approval Form for accuracy and to make sure all details are true and correct. Production will not accept any responsibility for errors, omissions, or the cost of reprinting.

Magnetic Stripe: Low Co 300oe Low Co 650oe High Co 2750oe None

Magnetic Stripe Encode: Yes No To Be Advised

Chip: Chip Type Chip Type Chip Type

Chip Encode: Yes No To Be Advised

Signature Panel: White Transparent None

Thermal Printing: Yes No To Be Advised

Embossing: Yes No To Be Advised

I have read and understand all the information on this document. All the details are true and correct. I approve the production of these cards.

Approved By: _____

Customer Signature: _____

Date: _____