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ORDER NUMBER

P.O. NUMBER

JOB NUMBER

SOLD TO:

ORDERED BY: _____ DATE _____ DUE TIME _____
 PHONE# _____ JOB NAME _____
 DATE _____ DELIVER ALL TO ORGINATOR DELIVER PARTIAL TO ORGINATOR _____

REIMBURSABLE YES NO
 WAIT WILL CALL

SPLIT DELIVERY TO:

NAME _____	PHONE _____
ADDRESS _____	ITEMS TO BE SENT: _____
CITY _____ STATE _____ ZIP _____	ATTN: _____

SHIP VIA OTHER _____ UPS FED EX CDR

SPLIT DELIVERY DUE	
DATE _____	TIME _____

P L A T I N G	NO. OF ORIGINALS	SIZE	NUMBER OF PRINTS FROM EACH ORIGINAL							NOTES		
			20# BOND WHITE	20# BOND COLOR	24# BOND WHITE	32# BOND	VELLUM	ERAS VELLUM	MYLAR			TRANS BOND
		x										<input type="checkbox"/> STAPLE <input type="checkbox"/> FOR CONST
		x										<input type="checkbox"/> EDGE BIND <input type="checkbox"/> BID SET
		x										<input type="checkbox"/> SCREW POST <input type="checkbox"/> PRELIMINARY
		x										<input type="checkbox"/> LOOSE <input type="checkbox"/> PLANROOM
		x										<input type="checkbox"/> REV. READ <input type="checkbox"/> KEEP ON FILE

L C O P Y R O X	NO. OF ORIGINALS	SIZE	NUMBER OF PRINTS FROM EACH ORIGINAL							%	TRIM SIZE	NOTES	
			20# BOND WHITE	20# BOND COLOR	24# BOND WHITE	32# BOND	VELLUM	ERAS VELLUM	MYLAR				
		x									x		<input type="checkbox"/> NOT FOR CONST. <input type="checkbox"/> DATE STAMP
		x									x		<input type="checkbox"/> OTHER: _____
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		x									x					<input type="checkbox"/> COLOR <input type="checkbox"/> B/W
		x									x					<input type="checkbox"/> 300 DPI <input type="checkbox"/> 600 DPI
		x									x					<input type="checkbox"/> 400 DPI <input type="checkbox"/> OTHER

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		WIRE-O	COMB	VELO	COIL	COLOR					THICKNESS	TYPE OF BOARD	THICKNESS	TYPE OF LAMINATE
									x					
									x					
									x					

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