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Charge to: _____ **Date:** _____

Address: _____ **Time:** _____

Due Date: _____ **Time:** _____ *AM / PM* ☐ **RUSH**

Ordered By: _____ **PH #:** _____

Job Name: _____ **PO #:** _____

Cust Approval _____

DELIVER **WAITING** **CALL WHEN READY** **CALL** _____ **FOR PAYMENT**

PLANS

Originals _____ Sets _____ 100% size Sets _____ Enlarge / Reduce _____%

B/W COLOR BOND VELLUM MYLAR BIND RE-BIND ORIGINALS STAPLE

B/W SCAN COLOR SCAN PDF TIFF CD FLSH DRIVE EMAIL

SPECS

Originals _____ Sets _____ 100% size 1-SIDED 2-SIDED B/W COLOR

COMB COIL ACCO STAPLE SCREW POST 3 HOLE PUNCH

COVERS: CLEAR CARDSTOCK (color:_____) SCAN PDF CD THUMBDRIVE EMAIL

COLOR

Originals _____ Sets _____ 100% size 1-SIDED 2-SIDED B/W COLOR

MOUNT FOAMCORE MOUNT GATOR LAMINATE FACE LAMINATE TRIM TO BLEED GROMMETS

BOND PAPER PREM MATTE PREM GLOSS POLYPROPYLENE CANVASS STICKER ADHESIVE

NOTES

PAPER ORDER

Width x Length _____ X _____

Weight ☐ 20# ☐ 24#