Revised 9/1/2011

Locations: 1100 W Cambridge Cir. Dr., STE 200 816-300-6600 10955 Lowell #110, OPKS, 66210 913-345-9424



DATE ORDERED	DATE WANTED	MV# (OFFICE USE ONLY)
TIME ORDERED	TIME WANTED	PURCHASE ORDER #

arrived to ARC by: delivery \_\_ / walk-in \_\_ / email \_\_ / phone order \_

ORDERED FROM:		BILL TO:			SEND TO:	
Company Name:	Company	/ Name:		Company Name:		
Contact Person:	Contact Person:		Contact Person:			
Phone Number:	Phone Number:		Phone Number:			
Address:					Address:	
		А			Deliver	Call When Ready
		Acct #:		☐ Will Call	Ship Fedex/UPS	
Project L=Loose, S=Staple, EE	L=Loose, S=Staple, EB=Edge Bind	# COPIES	# ORIGINALS	Р	rocess	Size
	L S EB					
	L S EB					
	L S EB					
	L S EB					
	L S EB					
	L S EB					
	L S EB					
	L S EB					
	L S EB					
SPECIAL INSTRUCTIONS:						
•						
PROJECT NAME AND/OR NU	MBER TO INCLUDE ON	I INVOICE:				