

NAME _____

NO. OF ORIGINALS _____

COMPANY _____

DATE IN _____

PHONE NUMBER _____

NO. OF COPIES _____

DATE / TIME NEEDED _____

<input type="checkbox"/> Letter Size	<input type="checkbox"/> Standard White	<input type="checkbox"/> Print ONE Side	<input type="checkbox"/> Front and Back	<input type="checkbox"/> Not Collated	
<input type="checkbox"/> Legal Size	<input type="checkbox"/> Recycled White	COLOR <input type="checkbox"/> Spot Color <input type="checkbox"/> RED <input type="checkbox"/> BLUE <input type="checkbox"/> GREEN <input type="checkbox"/> FULL COLOR COPY <input type="checkbox"/> WIDE FORMAT COLOR Size _____ Material _____		<input type="checkbox"/> Collate Only	
<input type="checkbox"/> 11" x 17"	<input type="checkbox"/> Pastel _____			<input type="checkbox"/> Collated & Stapled	
<input type="checkbox"/> 3 HOLE Punch	<input type="checkbox"/> Hot _____			<input type="checkbox"/> Bind	
<input type="checkbox"/> Poster 18x24	<input type="checkbox"/> Cardstock _____			SPIRAL <input type="checkbox"/> COIL <input type="checkbox"/> BOOKLET <input type="checkbox"/>	
_____ color	<input type="checkbox"/> Fine _____	<input type="checkbox"/> Cut	<input type="checkbox"/> Pad	<input type="checkbox"/> Dry Mount	<input type="checkbox"/> Drilling
<input type="checkbox"/> Banner 18x48	<input type="checkbox"/> NCR _____ part	<input type="checkbox"/> Fold	<input type="checkbox"/> Laminate	<input type="checkbox"/> Shrink Wrap	<input type="checkbox"/> _____
_____ color	<input type="checkbox"/> Label _____				
<input type="checkbox"/> Transparency					

Please select an alternate color paper: _____

Special Instructions: _____

<i>Quality Check</i>	<i>Date</i>
<i>Job Pricing</i>	