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 Customer Service: 604 293 0029
 Fax: 604 293 1336
 e-mail: repro@arcprint.com, files@arcprint.com

Date/Time Wanted: (not ASAP) _____

Charge to: _____ **Account No.** _____ **Order Date:** _____

Address: _____ **Project No. / P.O. No.** _____ **Tel:** _____

Contact Person (please print) _____

- Pick up
 Delivery
 Customer Drop Off
 Customer Pick up
 Split Delivery

LARGE FORMAT BLACK & WHITE	# OF ORIG.	# OF COPIES EACH	SPECIAL INSTRUCTIONS
<input type="checkbox"/> BIND <input type="checkbox"/> BOND <input type="checkbox"/> STAPLE <input type="checkbox"/> VELLUM <input type="checkbox"/> MYLAR <input type="checkbox"/> LOOSE <input type="checkbox"/> COLOURED BOND			
CADD PLOTS			
<input type="checkbox"/> BOND <input type="checkbox"/> VELLUM <input type="checkbox"/> MYLAR <input type="checkbox"/> SCAN/ARCHIVE/CD			
LARGE FORMAT COLOUR			
<input type="checkbox"/> BOND <input type="checkbox"/> COLOUR <input type="checkbox"/> PRESENTATION <input type="checkbox"/> GRAYSCALE <input type="checkbox"/> HEAVYWEIGHT <input type="checkbox"/> SCANNING			
SMALL FORMAT B/W			
<input type="checkbox"/> PHOTOCOPY - SINGLE-SIDED <input type="checkbox"/> DOUBLE-SIDED <input type="checkbox"/> COLOURED BOND (Specify colour) _____			
SMALL FORMAT COLOUR			
<input type="checkbox"/> PAPER <input type="checkbox"/> CARD STOCK <input type="checkbox"/> TRANSPARENCIES <input type="checkbox"/> 8.5 X 11 <input type="checkbox"/> 8.5 X 14 <input type="checkbox"/> 11 X 17 <input type="checkbox"/> 12 X 18 <input type="checkbox"/> REDUCE <input type="checkbox"/> ENLARGE <input type="checkbox"/> 2-SIDED _____% OF ORIG. SIZE <input type="checkbox"/> COLLATED			
BINDERY			
<input type="checkbox"/> 3 HOLE <input type="checkbox"/> TAPE BIND <input type="checkbox"/> STAPLE <input type="checkbox"/> CERLOX <input type="checkbox"/> SPIRAL BIND <input type="checkbox"/> COVERS <input type="checkbox"/> ACCO <input type="checkbox"/> CUT <input type="checkbox"/> FOLD <input type="checkbox"/> ACETATE			
DRYMOUNT/LAMINATING			
<input type="checkbox"/> FOAMCORE <input type="checkbox"/> SHOWCARD <input type="checkbox"/> GATORBOARD <input type="checkbox"/> 3/16 <input type="checkbox"/> 3/8 <input type="checkbox"/> SINTRA <input type="checkbox"/> COROPLAST <input type="checkbox"/> LAMINATION <input type="checkbox"/> GLOSS <input type="checkbox"/> MATTE <input type="checkbox"/> LUSTRE <input type="checkbox"/> 1.7 Mil <input type="checkbox"/> 3.0 Mil <input type="checkbox"/> 5.0 Mil <input type="checkbox"/> 10 Mil			

Distribution of Splits to: _____

See Attached List

Originals to _____ Proof Required YES NO

Office Use Only
Docket No. _____

CSR _____

0906

Call 604 293 0029 for pickup or fax 604 293 1336
Attn: Customer Service Rep

Please do not give verbal instructions regarding order to drivers.

- Hard Copy Supplied
 Originals on Disk
 Originals e-mailed
 Originals on ftp site

White Copy - Shop or FAX

Canary Copy - Signature

Pink Copy - Packing Slip

Goldenrod Copy - Client
[Leave in Book]