



Portland Branch
 1732 NW Johnson St
 Portland, OR 97209

Phone: 503-227-3424
 Fax: 503-223-4254

Due Date: _____ Due Time: _____ Order #: _____

Ordered By: _____ Taken By: _____

Customer: _____

E-MAIL: _____ Fax: _____

Phone #: _____ P.O. #: _____

Job Name: _____ Job #: _____

<input type="checkbox"/>	WAIT
<input type="checkbox"/>	Will Call @ _____
<input type="checkbox"/>	Deliver
<input type="checkbox"/>	Split Delivery
<input type="checkbox"/>	Ship: check type below
<input type="checkbox"/>	UPS: <input type="checkbox"/> Grnd. <input type="checkbox"/> O/Nite
<input type="checkbox"/>	Fed Ex: <input type="checkbox"/> 2nd <input type="checkbox"/> O/Nite
<input type="checkbox"/>	Other: _____
<input type="checkbox"/>	On Acct: _____
<input type="checkbox"/>	CASH: <input type="checkbox"/> CARD <input type="checkbox"/> CHECK
Finished Plans – Wrapping Options	
<input type="checkbox"/>	Kraft paper wrapping
<input type="checkbox"/>	Belly band ONLY
<input type="checkbox"/>	No wrapping

DESCRIPTION & SIZE OF ORIGINALS	# OF ORIGINALS	# WANTED OF EACH	REPRODUCTION PROCESS

SPECIAL INSTRUCTIONS:

Prints To: _____

Due Date & Time: _____

Originals To: _____

Due Date & Time: _____