



# Document Solutions ORDER FORM

submit orders to:  
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\* These fields *must* be filled out.

Account Name: *	_____	Date: *	_____
Day Needed: *	_____	Ordered By: *	_____
Time Needed: *	_____	Phone: *	_____
		Job Desc.: *	_____

# Of Originals	Prints From Each	Types of Services	
		<b>Large Format</b> <input type="radio"/> Bond <input type="radio"/> Vellum <input type="radio"/> Mylar <input type="radio"/> Reduce/Enlarge: _____%   Size: _____	<b>Bind</b> <input type="radio"/> Yes <input type="radio"/> No
		<b>Small Format</b> <input type="radio"/> Black & White <input type="radio"/> Color <input type="radio"/> 8.5x11 <input type="radio"/> 11x17 <input type="radio"/> 1-Sided <input type="radio"/> 2-Sided <input type="radio"/> Covers: <input type="radio"/> Acetate <input type="radio"/> Cardstock Color _____ <input type="radio"/> Bind: <input type="radio"/> Coil <input type="radio"/> Comb <input type="radio"/> Screwpost	
		<b>Scan to</b> <input type="radio"/> Email Address: _____	<input type="radio"/> CD <input type="radio"/> DVD <input type="radio"/> Flashdrive
		<b>High Quality Color Printing</b> <input type="radio"/> Large Format Inkjet: Size: _____	
		<b>Media</b> <input type="radio"/> 24# Bond <input type="radio"/> 35#Bond <input type="radio"/> Satin <input type="radio"/> Gloss	
		<b>Finishing</b> <input type="radio"/> 3/16" Foamcore <input type="radio"/> 3/16" Gatorboard <input type="radio"/> White <input type="radio"/> Black <input type="radio"/> Laminate: <input type="radio"/> 3ml <input type="radio"/> 5ml <input type="radio"/> 10ml <input type="radio"/> 1-Sided <input type="radio"/> 2-Sided (Encap) <input type="radio"/> Matte <input type="radio"/> Gloss	

**Special Instructions:**

