ARC Columbus
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Columbus, Ohio 43215
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1 of	Tracking Number

FOR INTERNAL USE ONLY (DO NOT WRITE IN BOX BELOW)

Date Picked Up	Time	Driver

Code	Large Format Quantity	Code	Narrow Format Quantity

Please Select Location

CUSTOMER INFORMATION

Company Name	
Location	
Phone Number	Ext
Ordered By	
P.O. Number	
Job Name	

☐ Keep Job On File (If keeping job on file, please contact our Bid Department)

DELIVERY METHOD

◯ Deliver ◯ CPU ◯ Call When Ready
◯ Waiting Ship Via _____

DATE AND TIME DUE

Date Due _____
Time Due _____

DISTRIBUTION / SHIP TO ADDRESSES

Address		
City	State	Zip

☐ See Attached List

LARGE FORMAT INSTRUCTIONS

Number of Originals	Number of Sets Required

◯ Bind Edge ◯ Staple Edge ◯ Loose ◯ Fold

◯ Copy Output Size = 100% ◯ Reduce / Enlarge To _____ %

☐ Use Recycled Media

Notes:

NARROW FORMAT INSTRUCTIONS

Number of Originals	Number of Sets Required
◯ GBC ◯ Plastic Spiral Coil	◯ Staple ◯ Loose
◯ Single Sided ◯ Double Sided	◯ B/W Copies ◯ Color Copies

☐ Use Recycled Media

Notes:

Reset Form | Print Form

Return by Fax 614-224-2583 Attn: Digital Department | Email columbus@e-arc.com |