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Denver, CO 80205
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BINDING		SPECIAL INSTRUCTIONS
<input type="checkbox"/>	Staple	
<input type="checkbox"/>	Edge Bind	
<input type="checkbox"/>	Date Stamp	
<input type="checkbox"/>	Other Stamp Please Note	
<input type="checkbox"/>	Reverse Read	
<input type="checkbox"/>	Folding	
<input type="checkbox"/>	Other	

UPDATE PLANWELL	REVISION / DESCRIPTION
YES NO <input type="radio"/> <input type="radio"/>	

BILLING INSTRUCTIONS

CONTACT NAME: _____ **TEL:** _____

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DELIVERY INSTRUCTIONS

ORIGINALS TO: _____

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WAITING
WILL CALL
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