

**JOB NAME:** 

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IFG No.	
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JOB No.		

				0 "			
No. of	No. of			Operation	Total		
Copies	Originals	Print Size	DESCRIPTION / NOTES	Code	Quantity		
	BINDING		SPECIAL INSTRUCTIONS				
	Staple						
	Edge Bind						
	Date Stamp						
	Other Stamp	Please Note					
	Reverse Rea	d					
	Folding						
	Other						
UPDATE PLANWELL			REVISION / DESCRIPTION				
YES	_	NO					
	$\mathcal{L}$						
			BILLING INSTRUCTIONS				
ORDERED BY:				TEL:			
OKSEKES ST							
CHARGE TO:			DELIVERY INSTRUCTIONS	DUE BY:			
			DELIVERY INSTRUCTIONS				
ORIGINAL	_S TO:						
PRINTS TO:							
SPLIT DELIVERY:							
WAITING WILL CALL DISPATCH SHIPPING							