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PLEASE FILL OUT ALL INFORMATION BELOW

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Originals To:
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SMALL FORMAT STANDARD COPYING AND DIGITAL OUTPUT							TABS			
B&W <input type="checkbox"/>	STANDARD COPYING <input type="checkbox"/>	NO. OF ORIGINALS	NO. OF SETS	STOCK REQUIRED	SIDES COPIED <input type="checkbox"/> SINGLE	STOCK SIZE <input type="checkbox"/> 8.5 X 11	DIGITAL OUTPUT FILENAME(S)	SIDES PRINTED <input type="checkbox"/> SINGLE	<input type="checkbox"/> READ IN <input type="checkbox"/> READ OUT <input type="checkbox"/> CUT TABS <input type="checkbox"/> MYLAR REINFORCED <input type="checkbox"/> LAMINATE TABS	FONT STYLE AND / OR TEXT
					<input type="checkbox"/> DOUBLE	<input type="checkbox"/> 8.5 X 14		<input type="checkbox"/> DOUBLE		
					<input type="checkbox"/> SAME AS ORIGINALS	<input type="checkbox"/> 11 X 17				
						<input type="checkbox"/> OTHER				
COLOR <input type="checkbox"/>	DIGITAL OUTPUT <input type="checkbox"/>							<input type="checkbox"/> BANK(S) _____ NUMBER	_____ COLOR	PLEASE WRITE SPECIAL INSTRUCTIONS IN NOTES

LARGE FORMAT B&W DOCUMENT COPYING & DIGITAL BOND PRINTING							BINDERY/FINISHING			
LG. DOC. COPYING <input type="checkbox"/>	NO. OF ORIGINALS	SIZE OF ORIGINALS	COPIES (each)	SIZE REQ'D	MEDIA <input type="checkbox"/> BOND	DIGITAL OUTPUT FILENAME(S)	BINDING <input type="checkbox"/> STAPLE	<input type="checkbox"/> ACCO	<input type="checkbox"/> SCREW POST	<input type="checkbox"/> RUBBER BAND
					<input type="checkbox"/> VELLUM		<input type="checkbox"/> STRIP	<input type="checkbox"/> GBC	<input type="checkbox"/> HIDDEN SCREW POST	<input type="checkbox"/> FOLD COPIES
					<input type="checkbox"/> MYLAR		<input type="checkbox"/> SCREW POST	<input type="checkbox"/> PLASTIC COIL	<input type="checkbox"/> STAPLE	<input type="checkbox"/> FOLD ORIGINALS
								<input type="checkbox"/> WIRE-O	<input type="checkbox"/> PAPER CLIP	<input type="checkbox"/> HOLE PUNCH
DIGITAL PRINTING <input type="checkbox"/>								<input type="checkbox"/> SHRINK-WRAP	<input type="checkbox"/> OTHER	
							GBC, WIRE-O, COIL COLOR: _____ <small>PLEASE SPECIFY IN REMARKS SECTION</small>			

LARGE FORMAT COLORCOPYING					LAMINATING		DRY MOUNTING		
NO. OF ORIGINALS	SIZE OF ORIGINALS	COPIES (each)	SIZE REQ'D	MEDIA	DIGITAL OUTPUT FILENAME(S)	<input type="checkbox"/> 3 MIL <input type="checkbox"/> 5 MIL <input type="checkbox"/> 10 MIL	SIDES LAMINATED <input type="checkbox"/> SINGLE	STOCK <input type="checkbox"/> 3/16" FOAM CORE <input type="checkbox"/> 1/2" FOAM CORE <input type="checkbox"/> 3/16" GATOR BOARD <input type="checkbox"/> 1/2" GATOR BOARD <input type="checkbox"/> 3/16" SINTRA <input type="checkbox"/> ILLUSTR. BOARD	COLOR <input type="checkbox"/> WHITE <input type="checkbox"/> BLACK <input type="checkbox"/> COLOR
				<input type="checkbox"/> BOND		<input type="checkbox"/> CLEAR <input type="checkbox"/> MATTE <input type="checkbox"/> OTHER	<input type="checkbox"/> DOUBLE	<input type="checkbox"/> 1/8" ECOBOARD <input type="checkbox"/> 1/4" ECOBOARD <input type="checkbox"/> OTHER	
				<input type="checkbox"/> VELLUM					
				<input type="checkbox"/> MYLAR				<small>PLEASE SPECIFY</small>	<small>PLEASE SPECIFY</small>

PLANWELL STORAGE INFORMATION					SCAN TO FILE	
<input type="checkbox"/> PUBLIC or <input type="checkbox"/> PRIVATE	PROJECT NUMBER: _____		BIDCASTER: <input type="checkbox"/> YES or <input type="checkbox"/> NO	<input type="checkbox"/> NEW PROJECT or <input type="checkbox"/> REVISION	UPLOAD DEADLINE: DATE: _____ TIME: _____	QUANTITY: _____ RESOLUTION: _____ DPI AT _____ SIZE SAVE TO: <input type="checkbox"/> CD <input type="checkbox"/> CUSTOMER DISK
	PASSWORD _____					

DATE		P.O. #	
PROJECT NAME/#			

TIME JOB WANTED		DATE	
PLEASE NO ASAP			

IF QUESTIONS CONTACT	
NAME(S)	_____
DAY PHONE #	_____ NIGHT PHONE # _____

<input type="checkbox"/>	USE RECYCLED MATERIALS WHEN AVAILABLE (Additional charges apply)
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REMARKS

SPLIT JOBS:	_____ OF _____
Q/C BY:	

INTERNAL USE ONLY			ORDER NUMBER
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QUALITY COMES FIRST

