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PLEASE FILL OUT ALL INFORMATION BELOW

Charge To:	Address:
Originals To:	Address:
Prints To:	Address:

DATE	PO. #
PROJECT NAME/#	

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 <input type="checkbox"/> DOUBLE <input type="checkbox"/> SAME AS ORIGINALS	STOCK SIZE <input type="checkbox"/> 8.5 X 11 <input type="checkbox"/> 8.5 X 14 <input type="checkbox"/> 11 X 17 <input type="checkbox"/> OTHER	DIGITAL OUTPUT FILENAME(S)	SIDES PRINTED <input type="checkbox"/> SINGLE <input type="checkbox"/> DOUBLE <input type="checkbox"/> SAME AS ORIGINALS	<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
COLOR <input type="checkbox"/>	DIGITAL OUTPUT <input type="checkbox"/>						BANK(S) NUMBER	COLOR	PLEASE WRITE SPECIAL INSTRUCTIONS IN NOTES	

TIME JOB WANTED **DATE**

PLEASE NO ASAP

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 <input type="checkbox"/> VELLUM <input type="checkbox"/> MYLAR	DIGITAL OUTPUT FILENAME(S)	BINDING <input type="checkbox"/> STAPLE <input type="checkbox"/> STRIP <input type="checkbox"/> SCREW POST	<input type="checkbox"/> ACCO <input type="checkbox"/> GBC <input type="checkbox"/> PLASTIC COIL <input type="checkbox"/> WIRE-O	<input type="checkbox"/> SCREW POST <input type="checkbox"/> HIDDEN SCREW POST <input type="checkbox"/> STAPLE <input type="checkbox"/> PAPER CLIP <input type="checkbox"/> SHRINK-WRAP	<input type="checkbox"/> RUBBER BAND <input type="checkbox"/> FOLD COPIES <input type="checkbox"/> FOLD ORIGINALS <input type="checkbox"/> HOLE PUNCH <input type="checkbox"/> OTHER
DIGITAL PRINTING <input type="checkbox"/>								GBC, WIRE-O, COIL COLOR: _____	PLEASE SPECIFY IN REMARKS SECTION	

IF QUESTIONS CONTACT

NAME(S) _____

DAY PHONE # _____ NIGHT PHONE # _____

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

USE RECYCLED MATERIALS WHEN AVAILABLE
(Additional charges apply)

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 _____				

REMARKS

SPLIT JOBS: _____ OF _____

Q/C BY: _____

INTERNAL USE ONLY			ORDER NUMBER
TRACKING NO:	BY:	TIME:	

★ ★ QUALITY COMES FIRST ★ ★