

# Work Order

Client Information
Company: _____
Address: _____ _____
Ordered by: _____
Phone#: _____
Email: _____

Job Information
PO#: _____
Project #: _____
Project Name: _____ _____ _____

Delivery Information
<input type="checkbox"/> Return to the same address
<input type="checkbox"/> Customer pickup at ARC
<input type="checkbox"/> Distribute to another address (Please include this information in your order)
<input type="checkbox"/> UPS/Shipping (Please include this information in your order)

Due Time
Date: _____
Due Date: _____
Due Time: _____



Large Format Copies				
# of originals	# of sets	Sheet size	Binding Type	Notes
			Staple   Black Edge   None	
			Staple   Black Edge   None	
			Staple   Black Edge   None	

425 S Lapham Street  
Oconomowoc WI 53066  
262-560-9800  
oconomowoc.orders@e-arc.com

Small Format Copies (8.5x11—11x17)			
Copy Type	Binding	Cover Type	Special Instructions
B/W   Color  <input type="checkbox"/> 1 sided <input type="checkbox"/> 2 sided  <b>Paper Size</b> <input type="checkbox"/> 8.5x11 <input type="checkbox"/> 11x17 <input type="checkbox"/> Other _____	<input type="checkbox"/> Staple <input type="checkbox"/> Comb bind <input type="checkbox"/> Spiral Bind <input type="checkbox"/> Velo Bind <input type="checkbox"/> 3 hole 3 ring binder <input type="checkbox"/> loose	<input type="checkbox"/> Acetate   Front   Back <input type="checkbox"/> Cardstock   Front   Back <input type="checkbox"/> Covers provide by Client	