AF	C Doci	ument So	lutions		MV# DATE:				
BILL TO:		ACCOUNT		C.O.D.	SHIP TO:	⊖ SAME AS	ORDERED		
Contact:					Name:				
Company:					Company:				
PO#:					phone:				
	Job Name:				⊖ use transmittals		\bigcirc use distribution list		⊖other
Job Number:					DUE DA	TE:		TIME:	
LARGE FORMA	Г				SMALL FORMAT				
	BLACK + WHITE ►	Originals	SETS	Total	BLACK	+ WHITE ►	Originals	SETS	Total
	COLOR ►					COLOR ►			
SIZE			PAPER		BINDING		FINISHING	1	
# of Originals	Sets	Total			INSTRUCTIONS OR SPECI				
0005		0570	0.75	FOR OF	FICE USE ONLY				
	UNITS	SETS	SIZE			Description		Price	
Processed by:		Checked by:			Received by:		Date/Time:		
780 5th Avenue Suite 105 King of Prussia, PA 19406 610-265-7796		Area Service Cer 2060 Springdale Road Suite 400 Cherry Hill, NJ 08003 856-751-0360		nter Locations 417 North 8th Street Suite 402 Philadelphia, PA 19123 215-563-7600		Scran	th Main Avenue ton, PA 18504 0-341-0779	Main Location 4700 Westport Drive Suite 1900 Mechanicsburg, PA 17055 717-737-3610	

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