

ORDER FORM

ORDER /INVOICE NUMBER

P.O.# JOB#			DATE	DATE:- DATE / TIME DUE:- CONTACT NAME PHONE# CASH CHARGE			
			CON				
			PHO				
JOB NAME	01 11 H		REIMBURSABLE NON-REIMBURSABLE				
DELIVER ORIG	INALS TO: Plan	Well () DI	ELIVER PRINT	S TO:		
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		NUMBER OF ORIGINALS	COPIES OF EA. ORIG.	MEDIA	SIZE	NOTES	
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				See atta	ached	for additional information	
BINDING	FINISHING OPTIONS		MOUNTING OPTIONS		LAMINATING OPTIONS		
STAPLE	ACCO FASTENERS COVERS	3	FOAMCORE	3/16 1/2	3N	MIL MATTE / GLOSSY BOTH SIDES	
EDGE BIND	WIRE BIND COLOR		GATOR OTHER	3/16 1/2	5 N		
CHICAGO SCREW	TABS			BLACK WHITE	10	MIL GLOSSY	
SHIPPING OPT		DELIVER	ARC OVER				

WILL CALL FED EX OTHER