

ORDER FORM

ORDER /INVOICE NUMBER

				DATE:- DATE / TIME DUE:-				
		CONTACT NAME PHONE#						
P.O.# JOB#			CASH					
JOB NAME				REIMBURSABLE	NON-RI	EIMBURSABLE		
DELIVER ORIGI	<i>NALS TO:</i> Plar	ıWell (DE	LIVER PRINTS	S TO:			
DESCRIP	TION OF ORIGINAL	NUMBER OF ORIGINALS	COPIES OF EA. ORIG.	MEDIA	SIZE	NOTES		
1.					. %:			
2.								
3.								
4.								
5.								
SPECIAL INSTRU	UCTIONS							
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				See atta	ached for addi	tional information		
BINDING	FINISHING OPTIONS		MOUNTING OPTIONS		LAMINATING OPTIONS			
STAPLE	ACCO FASTENERS COVER	RS	FOAMCORE	3/16 1/2	3 MIL MATTE /	GLOSSY BOTH SIDES		
EDGE BIND	WIRE BIND COLOF	R	GATOR	3/16 1/2	5 MIL MATTE /	GLOSSY		
CHICAGO SCREW	TABS		- Onici	BLACK WHITE	10 MIL GLOSSY	TOP ONLY		
SHIPPING OP	TIONS ishippocs	DELIVER	ARC OVER	NITE	<u> </u>			

WILL CALL

FED EX

OTHER