



# ORDER FORM

ORDER /INVOICE NUMBER

DATE:- \_\_\_\_\_ DATE / TIME DUE:- \_\_\_\_\_

CONTACT NAME \_\_\_\_\_

PHONE# \_\_\_\_\_

P.O.# \_\_\_\_\_ JOB# \_\_\_\_\_

JOB NAME \_\_\_\_\_

CASH  CHARGE

REIMBURSABLE  NON-REIMBURSABLE

DELIVER ORIGINALS TO:  PlanWell 

DELIVER PRINTS TO: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DESCRIPTION OF ORIGINAL	NUMBER OF ORIGINALS	COPIES OF EA. ORIG.	MEDIA	SIZE	NOTES
1.					
2.					
3.					
4.					
5.					

SPECIAL INSTRUCTIONS  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

See attached for additional information

BINDING	FINISHING OPTIONS	MOUNTING OPTIONS	LAMINATING OPTIONS
<input type="checkbox"/> STAPLE  <input type="checkbox"/> EDGE BIND  <input type="checkbox"/> CHICAGO SCREW	<input type="checkbox"/> ACCO FASTENERS <input type="checkbox"/> COVERS <input type="checkbox"/> WIRE BIND <input type="checkbox"/> COLOR _____ <input type="checkbox"/> GBC <input type="checkbox"/> TABS	<input type="checkbox"/> FOAMCORE <input type="checkbox"/> 3/16 <input type="checkbox"/> 1/2 <input type="checkbox"/> GATOR <input type="checkbox"/> 3/16 <input type="checkbox"/> 1/2 <input type="checkbox"/> OTHER <input type="checkbox"/> BLACK <input type="checkbox"/> WHITE	<input type="checkbox"/> 3 MIL MATTE / GLOSSY <input type="checkbox"/> BOTH SIDES <input type="checkbox"/> 5 MIL MATTE / GLOSSY <input type="checkbox"/> 10 MIL GLOSSY <input type="checkbox"/> TOP ONLY

### SHIPPING OPTIONS

- ISHIPDOCS  DELIVER  ARC OVERNITE  
 WILL CALL  FED EX  OTHER