

ACCT. NO.: \_\_\_\_\_

BILL TO: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ORIGINALS TO: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**Document Solutions**

600 BROADWAY  
SAN ANTONIO, TEXAS 78215  
(210) 227-7181  
FAX (210) 226-3514

DATE: \_\_\_\_\_

P.O. #: \_\_\_\_\_

JOB #: \_\_\_\_\_

REIMB: \_\_\_\_\_

TAX EXEMPT: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**TYPE OF REPRODUCTION**

**LARGE DOCUMENT COPIES**

**SPECIAL INSTRUCTIONS**

| NO. OF ORIG. | COPIES EACH |  |
|--------------|-------------|--|
|              |             | FULL SIZE: BOND <input type="checkbox"/> VELLUM <input type="checkbox"/> MYLAR <input type="checkbox"/> RECYCLED BOND <input type="checkbox"/> |
|              |             | HALF SIZE: BOND <input type="checkbox"/> VELLUM <input type="checkbox"/> MYLAR <input type="checkbox"/> RECYCLED BOND <input type="checkbox"/> |
|              |             | REDUCE/ENLARGE: <input type="checkbox"/> % OF ORIGINAL SIZE <input type="text"/>   |
|              |             | SCALE CHANGE: FROM <input type="text"/> TO <input type="text"/>  |
|              |             | BINDING: STRIP BIND <input type="checkbox"/> STAPLED <input type="checkbox"/> LOOSE <input type="checkbox"/>                                   |
|              |             | FROM DIGITAL FILE YES <input type="checkbox"/> NO <input type="checkbox"/>   |

**SPECIFICATION / REPORT PRINTING**

| NO. OF ORIG. | COPIES EACH |  |
|--------------|-------------|--|
|              |             | FINISHED SIZE: 8-1/2 X 11 <input type="checkbox"/> 8-1/2 X 14 <input type="checkbox"/> 11X17 <input type="checkbox"/>                          |
|              |             | PAPER STOCK: BOND <input type="checkbox"/> RECYCLED BOND <input type="checkbox"/>  |
|              |             | PRINT: 1 SIDED <input type="checkbox"/> 2 SIDED <input type="checkbox"/> TABS <input type="checkbox"/>   |
|              |             | COVERS: NONE <input type="checkbox"/> CARDSTOCK <input type="checkbox"/> COLOR: <input type="text"/>   |
|              |             | CLEAR FRONT <input type="checkbox"/> BLACK VINYL BACK <input type="checkbox"/>   |
|              |             | BINDING: PLASTIC GBC <input type="checkbox"/> SCREWPOST <input type="checkbox"/> COIL <input type="checkbox"/> STAPLE <input type="checkbox"/> |

**LASER COLOR COPIES**

| NO. OF ORIG. | COPIES EACH |  |
|--------------|-------------|--|
|              |             | FINISHED SIZE 8-1/2 X 11 <input type="checkbox"/> 8-1/2 X 14 <input type="checkbox"/> 11X17 <input type="checkbox"/> |
|              |             | FROM DIGITAL FILE YES <input type="checkbox"/> NO <input type="checkbox"/>   |

**COLOR DIGITAL IMAGING**

| NO. OF ORIG. | COPIES EACH |  |
|--------------|-------------|--|
|              |             | PRINT: FROM DIGITAL FILE <input type="checkbox"/> SCAN TO PRINT <input type="checkbox"/>           |
|              |             | 24 LB BOND <input type="checkbox"/> SATIN <input type="checkbox"/> GLOSS <input type="checkbox"/>  |
|              |             | 35 LB BOND <input type="checkbox"/> CANVAS <input type="checkbox"/> VINYL <input type="checkbox"/> |

**SCANNING**

| NO. OF ORIG. | COPIES EACH |   |
|--------------|-------------|---|
|              |             | SCAN B/W TO: TIFF <input type="checkbox"/> PDF <input type="checkbox"/> AUTO VECTORIZATION <input type="checkbox"/> |
|              |             | SCAN COLOR TO: TIFF <input type="checkbox"/> JPEG <input type="checkbox"/> PDF <input type="checkbox"/>             |
|              |             | RESOLUTION: <input type="text"/> DPI  |
|              |             | CD <input type="checkbox"/> FTP <input type="checkbox"/> E-MAIL <input type="checkbox"/> E-MAIL ADDRESS: _____      |

**DRY MOUNTING / LAMINATING**

| NO. OF ORIG. | COPIES EACH |  |
|--------------|-------------|--|
|              |             | 3/16" FOAMCORE <input type="checkbox"/> 3/16" GATOR BOARD <input type="checkbox"/> 1/2" GATOR BOARD <input type="checkbox"/>         |
|              |             | COLOR: BLACK <input type="checkbox"/> WHITE <input type="checkbox"/>   |
|              |             | LAMINATE: 3MIL <input type="checkbox"/> 5MIL <input type="checkbox"/> GLOSS <input type="checkbox"/> LUSTER <input type="checkbox"/> |

**ORIGINALS**

**INTERNAL USE ONLY**

|            |   |  |  |
|------------|---|--|--|
| ORIGINALS: | BIND <input type="checkbox"/>             | LOOSE <input type="checkbox"/>                     | HOLD IN DIGITAL VAULT <input type="checkbox"/> |
|            | WRAP WITH PRINTS <input type="checkbox"/> | WRAP SEPARATE FROM PRINTS <input type="checkbox"/> |  |

|                     |       |
|---------------------|-------|
| Order Taken By:     | _____ |
| Order Processed By: | _____ |