



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