ARC™ **Document Solutions**

No.

☐ Deliver Date: _____

☐ Will Call Due Date: _____

☐ Reimbursable Time Due: _____

☐ Ship Via: _____ Arrival Date: _____

SEATTLE
2730 Occidental Ave. S.
Seattle, WA 98134
(206) 622-6000
(206) 622-8400 dispatch
(206) 622-6712 fax

BELLEVUE
1850 130th Ave. NE
Bldg 6
Bellevue, WA 98005
(425) 883-1110
(425) 883-8590 fax

TACOMA
632 Broadway
Tacoma, WA 98402
(253) 383-6363
(253) 274-1817 dispatch
(253) 272-4064 fax

ANCHORAGE, AK
2739 C Street
Anchorage, AK 99503
(907) 720-5800
(907) 720-5801 fax

WORK ORDER FORM

ACCT # (206) 123-4567
CUSTOMER NAME
ADDRESS
CITY, ST ZIP

Ordered By: _____
Phone: _____
Night Phone / Cell: _____

Prints To: _____
_____
_____
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Attn: _____

Originals to: _____
_____
_____
Attn:

☐ Scan to Vault
☐ Replace / Add to Vault Documents
☐ Upload to Planwell (Public - Private)

P.O. No. Title Job No. Estimate No.

# of Originals	Copies	Special Instructions

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☐ Chicago Screw ☐ Edge Bind ☐ Staple Bind ☐ Loose
☐ Coil Bind ☐ Collate ☐ Comb Bind ☐ Wire-O

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