



St. Petersburg
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Acct #/Group
 Order #
 Quote #

ORDERED BY INFORMATION

Order Date: _____ Due Date: _____ Time Needed: _____
 Company: _____
 Name: _____ Email: _____
 Phone Number: _____ After Hours Phone: _____

BILL TO INFORMATION

Company: _____
 Address: _____
 City, State, Zip: _____
 Contact: _____ Business Phone: _____
 Project ID: _____ Purchase Order #: _____
 Non-Reimbursable Reimbursable

SHIP TO INFORMATION

Check if ship to address is same as bill to address
 Company: _____
 Address: _____
 City, State, Zip: _____
 Contact: _____ Email: _____
 Phone Number: _____ After Hours Phone: _____
 Distribute To Attached List _____ # of pages attached
 iShipDocs FedEx UPS Other _____ Standard Next Day 2 Day
 Use my account number _____

ORDER INFORMATION

Software & Operating System: PC Mac Plot File Software: _____
 File Via: Disk Supplied E-Mail FTP Location: _____
 (Please provide file names and any additional information in "Special Instructions" area)
 Keep on File Update Existing Post to Web/VPR _____

SCANNING

Color B/W Grayscale Mixed Scan Resolution: _____ DPI
 Number of Originals: _____ Size of Originals: _____ X _____
 Write to CD Keep on File Update Existing Post to VPR Post to Ftp Site _____
 Save as File Type: tif jpg pdf eps Other _____

PLANS, PRINTS & PLOTS

	# ORIGS	# COPIES
Print/Copy: <input type="checkbox"/> Full Size		
<input type="checkbox"/> Half Size		
<input type="checkbox"/> Other % _____		

Orig Type: Hard Copy Digital File Mixed
 Media: Bond Other _____
 Binding: Bound Staple Only Loose Screw Post

SMALL FORMAT COPYING & PRINTING

	# ORIGS	# COPIES
Print/Copy: <input type="checkbox"/> 8.5x11 <input type="checkbox"/> 8.5x14 <input type="checkbox"/> 11x17 <input type="checkbox"/> 12x18 <input type="checkbox"/> 14x18 (B/W only)		
<input type="checkbox"/> Color <input type="checkbox"/> B/W <input type="checkbox"/> Mixed		
<input type="checkbox"/> Single Sided <input type="checkbox"/> Double Sided <input type="checkbox"/> Collated <input type="checkbox"/> Uncollated <input type="checkbox"/> Full Bleed		

Orig Type: Hard Copy Digital File Mixed
 Media: 20lb Wht 20lb Color _____ Cover Wht Cover Color _____
 28lb 32lb Gloss Text Gloss Cover Transparency
 Other _____
 Binding: Wire Comb Staple Coil ACCO Screw Post
 Bi-fold Z-fold 3-hole

LARGE FORMAT COLOR

	# ORIGS	# COPIES
Output Size: _____ X _____		
Media: <input type="checkbox"/> Bond <input type="checkbox"/> Satin <input type="checkbox"/> Gloss <input type="checkbox"/> Other _____		

FINISHING

Mounting: <input type="checkbox"/> No Mounting Needed Substrate Thickness <input type="checkbox"/> 3/16" <input type="checkbox"/> 1/2" <input type="checkbox"/> Other _____ Substrate Color <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Other _____ Substrate <input type="checkbox"/> Foamcore <input type="checkbox"/> Gator <input type="checkbox"/> Sintra <input type="checkbox"/> Other _____	Laminating: <input type="checkbox"/> No Laminating Needed Laminate Finish Front <input type="checkbox"/> Matte <input type="checkbox"/> Satin <input type="checkbox"/> Gloss <input type="checkbox"/> Emboss Back <input type="checkbox"/> Matte <input type="checkbox"/> Satin <input type="checkbox"/> Gloss Laminate Thickness <input type="checkbox"/> 3Mil <input type="checkbox"/> 5Mil <input type="checkbox"/> 10Mil <input type="checkbox"/> 15mil Trim Options <input type="checkbox"/> Flush <input type="checkbox"/> Encapsulated
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Special Instructions

BILLING INFORMATION

Product Code	# of Sets	# of Orig	Total	Width	Length	Description	Unit Price	Total

Received By: _____ Processed By: _____ Checked By: _____