

Work Order

Client Information
Company: _____
Address: _____ _____
Ordered by: _____
Phone#: _____
Email: _____

Job Information
PO#: _____
Project #: _____
Project Name: _____ _____ _____

Delivery Information
<input type="checkbox"/> Return to the same address
<input type="checkbox"/> Customer pickup at ARC
<input type="checkbox"/> Distribute to another address (Please include this information in your order)
<input type="checkbox"/> UPS/Shipping (Please include this information in your order)

Due Time
Date: _____
Due Date: _____
Due Time: _____



Large Format Copies				
# of originals	# of sets	Sheet size	Binding Type	Notes
			Staple Black Edge None	
			Staple Black Edge None	
			Staple Black Edge None	

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Small Format Copies (8.5x11—11x17)			
Copy Type	Binding	Cover Type	Special Instructions
B/W Color <input type="checkbox"/> 1 sided <input type="checkbox"/> 2 sided Paper Size <input type="checkbox"/> 8.5x11 <input type="checkbox"/> 11x17 <input type="checkbox"/> Other _____	<input type="checkbox"/> Staple <input type="checkbox"/> Comb bind <input type="checkbox"/> Spiral Bind <input type="checkbox"/> Velo Bind <input type="checkbox"/> 3 hole 3 ring binder <input type="checkbox"/> loose	<input type="checkbox"/> Acetate Front Back <input type="checkbox"/> Cardstock Front Back Cardstock color _____ <input type="checkbox"/> Covers provided by Client	