

Company Name: _____
Contact: _____
P.O. #: _____ Order Date: _____
Quote #: _____ Date: _____

BILL TO:
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____

SHIP TO: (if different than BILL TO)
Company Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Shipping Instructions: _____
Ship Method: _____

ORDERING INFORMATION:
ITEM: _____
MATERIAL: _____
SIZE: _____ QUANTITY: _____
COLORS: _____

COLORS: Please specify standard ink color numbers or PMS numbers.
IF USING NON-STANDARD COLORS, A CHARGE WILL APPLY FOR EACH COLOR MATCH

COPY: _____
CUTTING: CUT TO SIZE _____ X _____

OPTIONAL SERVICES: (Halftone Charges, Color Match, Copy Changes, Frames etc)

SPECIAL INSTRUCTIONS:



ORDER FORM

REPEAT ORDER NEW ORDER
Previous Job #: _____ Previous PO #: _____
Previous Date: _____ Exact Repeat
Changes: Repeat with Changes

ARTWORK PROVIDED: (indicate quantity) (list other)

Sample Fax Disk
 Layout Laser E-Mail

Other: _____

Art Sent Via: _____ Enclosed

Please list typestyles: _____
_____ If fonts are not available,
please check box and initial if it is acceptable to replace with
the closest available font. Initial _____

Standard Production Time In Hands Date:
 Rush \$ _____

Proof Requested: Email Fax Paper
If proof is requested list the email address, fax number or mailing address:

PRINT METHOD: (refer to catalog for specific info. or leave blank)

Screen Offset Digitally
Printed Printed Printed

BORDER REQUIREMENTS:

No Border Inset Border Bleed Border

NUMBERING INFORMATION: No Numbering

Numbering Sequence: _____

Resets: _____

Color: Black Other _____

NAME OF PERSON PLACING ORDER:

Use of this purchase order form will expedite processing your order. You may reproduce this form, adding your company name, address, and phone number where indicated above for future use. Please make sure you have filled out all information to make sure your order is reproduced correctly.