

Print Order Form

ORDERING INFORMATION		PRINT CENTER USE ONLY	
Acct. Code: _____		Total Impressions: _____	Printed: _____
		Postage or Shipping: _____	Delivered: _____
<i>» Only one print order per account code please.</i>		Invoice #: _____	Quote #: _____
Dept. _____	SCHOOL DISTRICT: _____	DATES: _____	
Phone No. _____		Today: _____	
Deliver to: _____	District PO No. _____	Due: _____	
JOB NAME: _____		QUANTITY: _____	
SPECIAL INSTRUCTIONS:		<input type="checkbox"/> Price Quote ONLY	
		Proof Required: None <input type="checkbox"/> Printed <input type="checkbox"/>	

JOB SPECIFICATIONS		PAPER SIZE: <input type="checkbox"/> 8.5x11" <input type="checkbox"/> 8.5x14" <input type="checkbox"/> 11x17" <input type="checkbox"/> 12x18" <input type="checkbox"/> 13x19" <input type="checkbox"/> Envelopes <input type="checkbox"/> Poster Size	PAPER TYPE: <input type="checkbox"/> CARDSTOCK: <input type="checkbox"/> 65# <input type="checkbox"/> 80# <input type="checkbox"/> 110# <input type="checkbox"/> 130# ASTROBRIGHT PAPER: <input type="checkbox"/> 60# BOND <input type="checkbox"/> 65# COVER Color: _____ <input type="checkbox"/> NCR part # _____	PAPER COLOR: <input type="checkbox"/> White <input type="checkbox"/> Blue <input type="checkbox"/> Cream <input type="checkbox"/> Pink <input type="checkbox"/> Buff <input type="checkbox"/> Green <input type="checkbox"/> Orchid <input type="checkbox"/> Cherry <input type="checkbox"/> Grey <input type="checkbox"/> Salmon <input type="checkbox"/> Tan <input type="checkbox"/> Yellow <input type="checkbox"/> Goldenrod
<i>Please fill out thoroughly or specify Quote # above right.</i> PRINTED: <input type="checkbox"/> One-sided <input type="checkbox"/> Two-sided Number of Originals/Pages: _____ (double sided is two pages)				
BLEED: <input type="checkbox"/> YES <input type="checkbox"/> NO Finished size: _____	INK: <input type="checkbox"/> All Black <input type="checkbox"/> Full Color			
FILE NAME: _____ FILE LOCATION: _____		PAPER FINISH: <input type="checkbox"/> Glossy <input type="checkbox"/> Matte		

COLLATE: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Groups of 25 <input type="checkbox"/> Groups of 50 <input type="checkbox"/> Groups of 100
STAPLE: <input type="checkbox"/> YES <input type="checkbox"/> NO Location: <input type="checkbox"/> Upper Left <input type="checkbox"/> 2-Left <input type="checkbox"/> Saddle
CUT: <input type="checkbox"/> YES <input type="checkbox"/> NO Size: _____
PAD: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Pads of 50 <input type="checkbox"/> Pads of 100 <input type="checkbox"/> Glue Top <input type="checkbox"/> Glue Edge <input type="checkbox"/> Other _____
FOLD: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Fold in Half <input type="checkbox"/> Half again <input type="checkbox"/> Tri-Fold <input type="checkbox"/> Cover Out <input type="checkbox"/> Cover In <input type="checkbox"/> Other _____
DRILL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> 3-Hole <input type="checkbox"/> 2-Hole <input type="checkbox"/> 1-Hole
TABS/BOOK: <input type="checkbox"/> YES <input type="checkbox"/> NO # _____
SPIRAL: <input type="checkbox"/> YES <input type="checkbox"/> NO Location: <input type="checkbox"/> Left <input type="checkbox"/> Top
PERFORATE: <input type="checkbox"/> YES <input type="checkbox"/> NO
NUMBER: <input type="checkbox"/> YES <input type="checkbox"/> NO Starting # _____
LAMINATE: <input type="checkbox"/> YES <input type="checkbox"/> NO
TABBING: <input type="checkbox"/> YES <input type="checkbox"/> NO (needed for mailing)

AUTHORIZED BY: _____ **Date:** _____

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