

Customer Name \_\_\_\_\_ Date of Order: \_\_\_\_\_  
 Address \_\_\_\_\_ Date/Time Due: \_\_\_\_\_  
 Contact \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Your Job No. \_\_\_\_\_ Your P.O. No. \_\_\_\_\_  
 Bill to (if different from above): \_\_\_\_\_  Customer Pickup  Courier  UPS Next Day

**DID YOU REMEMBER TO INCLUDE ...**

- ✓  **FONTS?** Did you send along all of the typefaces you used in the document? For PostScript fonts, we need both the suitcase and printer driver for each typeface or typestyle.
- ✓  **GRAPHICS?** Did you send along all of the imported graphics (TIFFs, EPS, etc.)?
- ✓  **LASER PROOFS?** Did you include a laser proof of your document? This is critical if we are to check the accuracy of our work. We require separated proofs if you desire color separations.

File Name \_\_\_\_\_  
 Page Size: \_\_\_\_\_ No. of pages in document \_\_\_\_\_  
 Print all pages? \_\_\_\_\_ 100%? \_\_\_\_\_ No. of copies \_\_\_\_\_  
 Application (vers.): \_\_\_\_\_  
 Composite  Separations (specify colors below)  Duotone\*  
 CMYK  Spot: \_\_\_\_\_  
 Trapping needed:\* \_\_\_\_\_ pts. • Fonts or Special Instructions: \_\_\_\_\_

**Film**  **RC Paper**  
 Resolution:  1270  2540  \_\_\_\_\_  
 Line Screen:  
 85  100  133  150  \_\_\_\_\_  
 Crop/Registration Marks:  Yes  No  
**Film:**  Negative  Positive  
 Right Reading  Wrong Reading  
 Emulsion Side:  Down  Up

**Color Laser**  
 **B&W Laser**  
 **Iron-On**  
 8-1/2 x 11  
 11 x 17  
 1-sided  2-sided  
 Crop/Registration Marks:  
 Yes  No

**Matchprint**  **Color-Key**

INTERNAL  
 USE ONLY

Output: \_\_\_\_\_ pgs. of  film  paper  color laser; size:  10 x 12  12 x 15  12 x 18. File manipulation: \_\_\_\_\_ hours.  
 Explanation: \_\_\_\_\_

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