



"Office Supplies With The Personal Touch"

# PRINTING ORDER

DATE	PO#	SLSMN#	DUE DATE	ACCT#
COMPANY NAME		CONTACT NAME		
ADDRESS		QUOTE <input type="checkbox"/> ORDER <input type="checkbox"/> REPEAT ORDER <input type="checkbox"/>		
CITY, STATE, ZIP		<b>ARTWORK</b>		
WEBSITE	PHONE#	CAMERA READY <input type="checkbox"/> COPY CHANGES <input type="checkbox"/> NONE <input type="checkbox"/>		
EMAIL	FAX#	<b>ENVELOPES</b>		
		#10 REG <input type="checkbox"/> #10 WINDOW <input type="checkbox"/> OTHER <input type="checkbox"/>		
		COLOR1___ COLOR2___ COLOR3___		
		QTY___ MIN___ MAX___		
		FLAT <input type="checkbox"/> RAISED <input type="checkbox"/> LASER SAFE <input type="checkbox"/>		
		STOCK_____		
		TYPESTYLE_____		
		<b>LETTERHEAD</b>		
		#10 REG <input type="checkbox"/> #10 WINDOW <input type="checkbox"/> OTHER <input type="checkbox"/>		
		COLOR1___ COLOR2___ COLOR3___		
		QTY___ MIN___ MAX___		
		FLAT <input type="checkbox"/> RAISED <input type="checkbox"/> LASER SAFE <input type="checkbox"/>		
		STOCK_____		
		TYPESTYLE_____		
		<b>BUSINESS CARD</b>		
		COLOR1___ COLOR2___ COLOR3___		
		QTY___ MIN___ MAX___		
		FLAT <input type="checkbox"/> RAISED <input type="checkbox"/> STOCK_____		
		TYPESTYLE_____		
		<b>OTHER</b>		
		COLOR1___ COLOR2___ COLOR3___		
		QTY___ MIN___ MAX___		
		FLAT <input type="checkbox"/> RAISED <input type="checkbox"/> STOCK_____		
		TYPESTYLE_____		

SEND ONLY ONE COPY OF EACH ORDER. IF TWO COPIES ARE SENT, WE DO NOT COMPARE THEM FOR SAMENESS OF CONTENT. DO NOT MAIL A DUPLICATE COPY UNLESS REQUESTED. WE ACCEPT FAX OR EMAIL PURCHASE ORDERS GIVING REFERENCE TO PREVIOUS INVOICE NUMBERS. CARE SHOULD BE GIVEN TO ADVISING OF CHANGES.