ORDER FORM

Sales Rep: _____ Turn Time: _____

Ship Date: ____/____/____

Job #: [ ] **Part #:** [ ]

New Customer? ❑ yes ❑ no Reseller? ❑ yes ❑ no

Overage? ❑ yes ❑ no

Reorder? ❑ yes ❑ no Last job #: _____

Customer P.O.:_____

Bill To: _____

Attn: _____

_____

_____

Phone: _____

Ship To: _____

Attn: _____

_____

_____

Phone: _____

Alternate: _____

Attn: _____

_____

_____

Phone: _____

CONTACT: _____

FAX: _____

RETURN INFO

Source: ❑ Hold ❑ Return To: _____

Art Disk: ❑ Hold ❑ Return To: _____

Films: ❑ Hold ❑ Return To: _____

Extra Material: ❑ Hold ❑ Return To: _____

CUSTOMER SUPPLIED MATERIALS

Art

Special Instructions: _____

_____

❑ Disk ❑ Film ❑ E-Mail ❑ FTP ❑ Typeset

❑ PMS ❑ Process ❑ Flood Coat

PMS Colors: _____

Printed Materials

❑ Booklets ❑ Inlay Cards ❑ Sleeve

❑ Customer Supplied ❑ ADS Supplied

Other: _____

Quantity: _____ Arrival Date:_____

PACKAGING/ASSEMBLY

❑ Jewelcase ❑ Polywrap ❑ Sleeve ❑ Autobag

❑ Clear Tray ❑ Q-Pack ❑ Shrinkwrap ❑ Bulk

❑ Doboy ❑ S-Shell ❑ Other

ASSEMBLY: _____

_____

_____

_____

_____

SHIPPING INSTRUCTIONS

❑ Split Ship ❑ C.O.D ❑ Credit Card ❑ Blind

Carrier: ❑ UPS ❑ FedEx ❑ Truck ❑ Courier ❑ CPU

Time? ❑ Overnight ❑ *am* ❑ *pm* ❑ 2-day ❑ Ground ❑ Saver

Other: _____

_____

Account #: _____

MEDIA TYPE

❑ CD ❑ DVD ❑ CD-R ❑ DVD-R ❑ Diskette ❑ VHS ❑ AT

Quantity	PRICING	Unit$	Total$
	MAST: Inner Ring: ❑ No logo ❑ Other		
	REP: Title:		
	SCREENS:		
	FILM:		