

ORDER FORM

FAX OR MAIL THIS ORDER FORM WITH SAMPLE ARTWORK

BILL TO: _____
 Street: _____
 City _____ State _____ Zip _____
 Buyer's Information:
 Name: _____
 Phone: (____) _____
 Fax: (____) _____
 Email: _____

SHIP TO: _____
 Street: _____
 City _____ State _____ Zip _____
 Attention: _____
 Phone: (____) _____
 Fax: (____) _____

New Order Re-Order Re-Order with Changes

LETTERHEAD (indicate quantity and paper type)
 Quantity: _____ Reams (500 sheets per ream)
 20# Xerographic Bond 20# Wausau Royal Bond
 24# Chadwick Light 24# Gilbert Chadwick
 Cockle Idaho State Seal

ENVELOPES (indicate quantity and paper type)
 Quantity: _____ Boxes (500 envelopes per box)
 20# Wausau Royal Bond 24# Regular No. 10
 24# Window No. 10

OTHER: _____

Quantity: _____

INK COLOR(S) Black Reflex Blue H&W Blue
 PMS _____ PMS _____

SAMPLE ARTWORK ATTACHED
 (Required for Re-order and Re-order with changes)

SPECIAL INSTRUCTIONS:

METHOD OF PAYMENT:

Check, *payable within 30 days of invoice date*
 Purchasing Card (Pcard)

 Pcard No. _____ Date _____
Your card will not be charged until the order is shipped or delivered.

 Signature of Authorized Buyer _____ Date _____

Please be aware of the following contractual items:

- Copy Prep (per negative/when required) \$15.75
- Expedited Service (5 days) \$26.25
- Inside Delivery Charge \$20.00
- Printing Cost per 1,000 when stock supplied: \$42.00
- Minimum Order if less than 500 qty \$30.00
- Delivery time: 15 calendar days after receipt of order

Typesetting charges are based on our standard hourly rate of \$60.00, with a minimum of \$15.00 for simple address and/or name changes. We will advise the purchaser of any typesetting costs that will exceed \$15.00.

Please call for quotes on non-contract printing and design.

All invoices are payable 30 days from invoice date. Past due accounts will be assessed a finance charge of 1.5% per month, which is an annual rate of 18% to be applied to the unpaid balance.

PRINTWORKS USE ONLY:
 Date Received: _____
 Date of Confirmation _____
 email
 fax to: _____
 Date of Final Proof: _____