



ORDER FORM /CHECKLIST



NEXT DAY COLORPRINTING, INC.

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PLEASE CHECK ALL APPROPRIATE BOXES - JOBS CAN NOT BE PROCESSED WITHOUT THIS FORM

CUSTOMER & SHIPPING INFORMATION

Company name _____	Ship to _____
Contact _____	Street _____
Street _____	City, State, Zip _____
City, State, Zip _____	Telephone _____
Telephone () _____ Fax () _____	Attention _____
Customer E-Mail Address _____	

DISK & PROOFING

PLATFORM <input type="checkbox"/> Mac <input type="checkbox"/> PC	SOFTWARE _____	CUSTOMER PROVIDED PROOFS (B/W or Color Laser) _____
Filename _____	<input type="checkbox"/> On Disk	<input type="checkbox"/> Upload to FTP

JOB DESCRIPTION

Description _____

Qty _____	Size _____	Stock _____
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Number of Pages _____

Ink / Coating 4/0 4/1 4/4 No Aqueous Aqueous one side Aqueous both sides

Other _____

Proofs Requested PDF Low Res HP (for position only) Epson Matchprint

Bindery _____

Shipping Will Call Next Day Account Customer Account

Method of Shipment _____ **Account #** _____

PAYMENT METHOD

**Terms: Under \$ 2,000, Full payment with order
Over \$ 2,000, 50% deposit, 50% upon approval of proofs.**

Check # _____

Credit card number

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
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Expiration date

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Price \$

Shipping \$

3rd party \$

CA sales tax \$

Total \$

Signature _____ Date _____