

Company _____ Contact _____ Date of Order _____ P.O.# _____ **APC Job Number:** _____

Address _____ Tel: _____ Proof Date _____ Order Taken By _____

City _____ State _____ Zip _____ Fax: _____ Final Due Date _____ Salesman _____ Received by: _____

	COPYING	DESCRIPTION	QUANTITY	# ORIG	1/S	2/S	SIZE	STOCK	FINISHING	UNIT PRICE	AMOUNT
1											
2											
3											
4											
5											
6											
7											
8											

SPECIAL HANDLING:

COLLATING: YES/NO SLIPSHEET **DIECUT TABS:** BANKS: MYLAR **COLOR:**
DRILLING: 3-HOLE OTHER: REINFORCE **LAMINATION:** ROLL POUCH
BINDERY: SPIRAL VELO WIRE-O COIL **COLOR:** **F. COVER:** CLEAR/
 PERFECT SADDLESTITCH STAPLE ULC OTHER: **B. COVER:** VINYL/

CUTTING: **SCORING:** **FOLDING:** **PERFORATING:**
NUMBERING: START FINISH **PADDING:** PADS OF SHEETS PER PAD

DELIVERY INSTRUCTIONS: **SPECIAL PACKAGING INSTRUCTIONS:**

GRAPHICS DESCRIPTION	LAYOUT/DESIGN	TYPESETTING/CHANGES	SCANS	OUTPUT	AMOUNT
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DIGITAL PROOFS: LASER FIERY

COORDINATE PROOF WITH: **DELIVER SAMPLES TO:** ↓ **RETURN DISK TO:** ↓

ACCOUNT / C.O.D.

Deliver Call When Ready Store



SUBTOTAL
 SALES TAX
 SHIPPING
TOTAL