



# PRINT ORDER FORM

1739 Harding Road, Northfield, Illinois 60093 Tel: (847) 446-7015 Fax: (847) 446-7017 prepress@multicopy.us

\*Company Name \_\_\_\_\_

\*Contact \_\_\_\_\_

\*Job Description \_\_\_\_\_

Purchase Order No. \_\_\_\_\_

\*Desired Delivery Date \_\_\_\_/\_\_\_\_/\_\_\_\_ \*Quantity \_\_\_\_\_

*(Date must be entered or we will assume no rush)*

Bill to \_\_\_\_\_

Company \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Contact \_\_\_\_\_

Tel \_\_\_\_\_ Fax \_\_\_\_\_

Ship to \_\_\_\_\_

Company \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Contact \_\_\_\_\_

Tel \_\_\_\_\_ Fax \_\_\_\_\_

\*Proofs to \_\_\_\_\_

\*Paper Stock (1) \_\_\_\_\_ text/cover (circle one) \_\_\_\_\_ color

Paper Stock (2) \_\_\_\_\_ text/cover (circle one) \_\_\_\_\_ color

\*Ink Colors (side 1) \_\_\_\_\_ (Please indicate process CMYK or the PMS numbers)

Ink Colors (side 2) \_\_\_\_\_ (Please indicate process CMYK or the PMS numbers)

Folds (provide folding sample)

Die Cuts (include die line in files)

\*Size Flat \_\_\_\_\_ (width) x \_\_\_\_\_ (height) Size Folded \_\_\_\_\_ (width) x \_\_\_\_\_ (height)

Disk Provided  File Emailed to \_\_\_\_\_ File Name \_\_\_\_\_

Scans required How Many? \_\_\_\_\_

Mac  Win Software Programs Used \_\_\_\_\_

\*What type of proof required?  Fax  Color  PDF email to \_\_\_\_\_

Other Notes: \_\_\_\_\_

Samples to \_\_\_\_\_ How Many? \_\_\_\_\_

\*Signature \_\_\_\_\_ Date \_\_\_\_\_

*\* Required Information*