

PRINTING ORDER FORM

(Fill in only white areas)

CLIENT		DATE
Contact Person	PHONE	FAX
Authorised Signature		PRINTERY DEPT USE ONLY
Date Delivery Required	Delivery Point (if in Armidale)	EST.COST \$
BRIEF DESCRIPTION OF JOB		FILE DETAILS:
.....		Previous Job No.:
PAPER	SIZE	CD No.:
		PLATES USED:
		Black Colour
NO. OF COPIES	PRINT ON	COVERS
	One Side Only	
	Both Sides	
Will you be requiring further reprints of this job in the future?		STOCK USED:
<input type="checkbox"/> Colour Copying	<input type="checkbox"/> Collating	
<input type="checkbox"/> Composing	<input type="checkbox"/> Folding	
<input type="checkbox"/> Portable Media Supplied	<input type="checkbox"/> Stapling	
Computer Type <input type="checkbox"/> Mac <input type="checkbox"/> PC	<input type="checkbox"/> Numbering.....	
<input type="checkbox"/> Paste-Up	<input type="checkbox"/> Padding	
<input type="checkbox"/> Punching	<input type="checkbox"/> Scoring.....	
<input type="checkbox"/> Perforating.....	<input type="checkbox"/> Binding	
FURTHER SPECIFICATIONS		
		DELIVERY DETAILS
		<input type="checkbox"/> Courier <input type="checkbox"/> Post <input type="checkbox"/> Collect
COMPOSED BY	Docutech S.C.	Address
PRINTED BYDate...../...../.....
METHOD OF PAYMENT		
CHQ <input type="checkbox"/>	Cash <input type="checkbox"/>	
Credit Card	Visa <input type="checkbox"/>	M/Card <input type="checkbox"/>
Credit Card Details	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	\$.....
Expiry Date...../.....	Signature	ORDER NUMBER
		PRINT WEEK