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Vista, CA 92083

PLEASE FILL OUT AND FAX TO 760-758-2303

ORDER FORM

New Job Repeat w/ Changes Exact Repeat

Company Name _____ Date _____

Your Name _____ Phone _____ Date Needed _____

Address _____ P.O. # _____

Ship Address _____ E-mail _____

JOB SPECIFICATIONS

Quantity _____ Description _____

Stock _____ Ink Front _____ Ink Back _____

Bindery _____ Final Size _____ Flat Size _____

File Submission: E-mail FTP Disk Press Time File _____ Other

Proof Required: Laser Print Epson Digital Press Check Blue line Supplied

File Format _____ In order to keep from additional computer time being billed to your job, please supply a high res, press ready PDF.

Special Instructions: _____

Price Quoted: _____ Credit Card Open Account COD

**THIS FORM MUST BE COMPLETED AND SIGNED WITH EVERY ORDER BEFORE PRODUCTION IS STARTED.
FILES SENT ELECTRONICALLY WILL ALSO REQUIRE A COMPLETED COPY OF THIS FORM BEFORE WORK IS INITIATED.
PLEASE CALL TO CONFIRM THIS ORDER WAS RECEIVED BY PRESS TIME AND SEND A HARD COPY WITH YOUR JOB TO ENSURE CORRECTNESS.**

By signing below, you agree to pay for all charges as quoted as well as any charges that occur because of order cancellation. Your signature below starts the production of your job, and any costs therein. You understand that the quoted amount of your job is only an estimate and additional charges may be incurred due to bad file preparation, heavy coverage, unexpected bindery issues, etc.; Press Time will notify you if any additional charges will be incurred. You also understand that your job will require (3) three business working days after proof signoff.

X

Authorized by (Signature Required)

Date