

# DIGITAL ORDER FORM

INVOICE NUMBER

Date: \_\_\_\_\_ Time: \_\_\_\_\_ NEED BY: \_\_\_\_\_

<b>F R O M</b>	COMPANY: _____	<b>C H A R G E T O</b>	COMPANY: _____
	ADDRESS: _____		ADDRESS: _____
	ORDERED BY: NAME _____		ORDERED BY: NAME _____
	PHONE: _____		PHONE: _____
	P.O.# _____		

CASH

ACCOUNT

CREDIT CARD \_\_\_\_\_

EXP. DATE \_\_\_\_\_

- A-D/Print(20#Bond)
- E-Mounting
- I-Color Plotting
- B-D/Print(Enlarge/Reduce)
- F-Laminating
- J-Scanning
- C-Vellum
- G-Mounting & Laminating
- K-Photocopies
- D-Mylar
- H-Color Printing
- L-Graphic Design

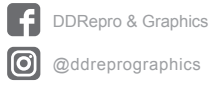
JOB NAME & NUMBER	ORIGINALS	COPIES OF EA	SIZE	Kind of print	BIND	SPECIAL INSTRUCTIONS
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
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					<input type="checkbox"/>	

SP - Screw Post Binding    PC- Plasticoil Binding    SB - Stapled Binding    GBC - GBC Binding    RB - 3 Ring Binder    EB - Edge Binding

COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<b>P R I N T S T O</b>	SHIP TO: _____	<b>O R I G I N A L S T O</b>	SHIP TO: _____
	ADDRESS: _____		ADDRESS: _____
	CITY: _____		CITY: _____
	ATTN: NAME _____		ATTN: NAME _____
	PHONE: _____		PHONE: _____

**Micro/SBE Certified Certificate #11871**



**DORAL**  
 8280 NW 27th ST, Suite 506  
 Doral, FL 33122  
 O: (305) 704.3194 / F: (305) 704.3195

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 Hialeah, FL 33010  
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