



Work Order

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CUSTOMER INFORMATION

COMPANY NAME: _____ IN DATE: _____
 P.O. # _____ JOB #: _____ DUE DATE: _____
 CONTACT: _____ ARRIVAL TIME: _____
 PHONE: _____ QUOTE #: _____

QUANTITY: _____ SHEET SIZE: _____ IMAGE SIZE: _____
 JOB NAME: _____

PROCESS		OPTIONS/INFORMATION						COMMENTS
LAMINATE	1.2	1.7	3	5	10	1-SIDE	2-SIDES	
	MATTE	GLOSS	NYL	PET	OPP	SPECIAL		
EDGE	FC	ES	1/8"	3/16"	1/4"	1/2"		
CORNER	SQ C	1/8" RC	1/4" RC					
DRILL	1/8"	1/4"	3/16"	5/16"	3/8"	1/2"	# HOLES: LOCATION:	
SCORING	SCORE ONLY	SCORE & FOLD	SCR & HTFOLD	# TIMES:				
MOUNT	GATOR BOARD		FOAM BOARD		OTHER			
	BLACK	WHITE	NATURAL	1/4"	3/16"	1/2"	3/4"	
TRIM	# OUT:		TOTAL PIECES:					
SLOT	# SLOTS:		LOCATION(S):					
EYELETS	# EACH:		LOCATION(S):					
TAPE	WIDTH:		LOCATION(S):					
DIE CUT				SHRINKWRAP				
COLLATE								
OTHER								
OTHER								
RETURN EXTRAS?		yes		no				
RETURN SAMPLES?		yes		no				

JOB IN VIA:	TLC	CUSTOMER	UPS	FED EX	COURIER	OTHER
DELIVER VIA:	TLC	CUSTOMER	UPS	FED EX	COURIER	OTHER

Signed: _____