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ORDERING INFORMATION All ESD ACCOUNT CODES MUST BE FILLED OUT COMPLETELY		PRINT CENTER USE ONLY Total Impressions: _____ Printed: _____ Postage or Shipping: _____ Delivered: _____	
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Invoice #: _____ Quote #: _____		ESD Dept. _____ Phone No. _____ Deliver to: _____	
SCHOOL DISTRICT: _____ District PO No. _____		DATES: Today: _____ Due: _____	
JOB NAME: _____		QUANTITY: _____ <input type="checkbox"/> Price Quote ONLY Proof Required: None <input type="checkbox"/> Printed <input type="checkbox"/> Digital <input type="checkbox"/>	
SPECIAL INSTRUCTIONS: _____			

JOB SPECIFICATIONS PRINTED: <input type="checkbox"/> One-sided <input type="checkbox"/> Two-sided Number of Originals/Pages: _____ <small>(double sided is two pages)</small>		PAPER SIZE: <input type="checkbox"/> 8.5 x 11" <input type="checkbox"/> 8.5 x 14" <input type="checkbox"/> 11x17" <input type="checkbox"/> 12x18" <input type="checkbox"/> Envelopes _____ <input type="checkbox"/> Poster Size _____		PAPER TYPE: <input type="checkbox"/> 20# <input type="checkbox"/> 110# card <input type="checkbox"/> 60# <input type="checkbox"/> 80# card <input type="checkbox"/> 70# <input type="checkbox"/> 80# Astrobright <input type="checkbox"/> NCR part # _____	
INK: <input type="checkbox"/> All Black <input type="checkbox"/> Full Color <input type="checkbox"/> Spot <small>(Spot is black with one Pantone accent color.)</small>		BLEED: <input type="checkbox"/> YES <input type="checkbox"/> NO Finished size: _____		FINISH: <input type="checkbox"/> Glossy <input type="checkbox"/> Matte	
FILE NAME: _____ FILE LOCATION: _____		PAPER COLOR: <input type="checkbox"/> White <input type="checkbox"/> Pink <input type="checkbox"/> Orchid <input type="checkbox"/> Salmon <input type="checkbox"/> Goldenrod <input type="checkbox"/> Blue <input type="checkbox"/> Buff <input type="checkbox"/> Cherry <input type="checkbox"/> Tan <input type="checkbox"/> Astrobright color: <input type="checkbox"/> Cream <input type="checkbox"/> Green <input type="checkbox"/> Grey <input type="checkbox"/> Yellow _____			
COLLATE: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Groups of 25 <input type="checkbox"/> Groups of 50 <input type="checkbox"/> Groups of 100					
STAPLE: <input type="checkbox"/> YES <input type="checkbox"/> NO Location: <input type="checkbox"/> Upper Left <input type="checkbox"/> 2-Left <input type="checkbox"/> Saddle					
CUT: <input type="checkbox"/> YES <input type="checkbox"/> NO Size: _____					
PAD: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Pads of 50 <input type="checkbox"/> Pads of 100 <input type="checkbox"/> Glue Top <input type="checkbox"/> Glue Edge <input type="checkbox"/> Other _____					
FOLD: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Fold in Half <input type="checkbox"/> Half again <input type="checkbox"/> Tri-Fold <input type="checkbox"/> Cover Out <input type="checkbox"/> Cover In <input type="checkbox"/> Other _____					
DRILL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> 3-Hole <input type="checkbox"/> 2-Hole <input type="checkbox"/> 1-Hole					
TABS/BOOK: <input type="checkbox"/> YES <input type="checkbox"/> NO # _____					
SPIRAL: <input type="checkbox"/> YES <input type="checkbox"/> NO Location: <input type="checkbox"/> Left <input type="checkbox"/> Top					
PERFORATE: <input type="checkbox"/> YES <input type="checkbox"/> NO					
NUMBER: <input type="checkbox"/> YES <input type="checkbox"/> NO Starting # _____					
LAMINATE: <input type="checkbox"/> YES <input type="checkbox"/> NO					
TABBING: <input type="checkbox"/> YES <input type="checkbox"/> NO (needed for mailing)					

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printjobs@esd112.org
 or fax to: **360.750.9706**

AUTHORIZED BY: _____ **Date:** _____