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ORDER FORM

Please Fax to 203 327-9119

Customer Information

Name _____

Company _____

Phone () _____ Extension _____

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E-Mail _____

Job Information

Job Name _____

Turnaround (Check One) 5 Days 3 Days 2 Days

Size _____ x _____ Quantity _____
(Indicate Inches or Feet)

File Information

File Name _____

Please combine jobs with multiple files into one Zip or Stuffit archive

File sent via E-Mail FTP Upload Page US Mail
(6-250 MB) (up to 6 MB)

- Adobe InDesign Microsoft Publisher QuarkXPress
- Adobe Illustrator Microsoft Word Freehand
- Adobe Photoshop Microsoft Powerpoint Microsoft Excel
- Adobe Pagemaker Adobe Acrobat Other _____

Please include all fonts with file.

Percentage to Output File _____ % Version of Application Used _____

Special Instructions

Shipping Information

Name _____

Address _____

City _____ State _____ Zip Code _____

FedEx 2Day (Economical) UPS Ground

FedEx Standard Overnight FedEx Priority Overnight

Your shipping charges will be billed to your Credit Card. There is no handling fee.

FedEx / UPS Account Number _____

If you'd like to use your own FedEx or UPS number enter that above.

Billing Information

Name as it appears on card _____

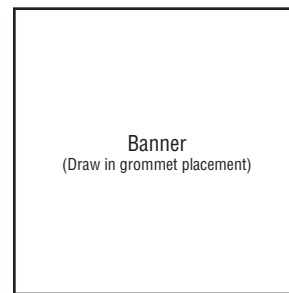
Credit Card # _____ Expiration Date _____
(or Certified Check / Money Order #)

Billing Address _____
(if different from shipping address)

City _____ State _____ Zip Code _____

-  MasterCard  VISA  AMEX
- (check one)*

Grommets: White Brass Black



- Quantity along top edge
- Quantity along bottom edge
- Quantity along left center
- Quantity along right center
- Total Number of Grommets

Grommets should be placed every 2-3 feet, and are 3/4" thick, placed 3/4" in from the edge.

Signature _____