



Printing Services Info Sheet

Job Description: _____

Printed On: _____

Other: _____

Page ____ of ____

Requested Date: _____

☐ New ☐ Re-order

Promised Date: _____

Title of Piece to be Printed: _____

AGENCY INFORMATION

Agency: _____

Previous Order #: _____

Person to Contact: _____

Phone: _____ Fax: _____

Email: _____

SHIPPING INFORMATION

Ship To Address: _____

Ship to Name: _____

Attention to: _____

Ship to Address 1: _____

Ship to Address 2: _____

Ship to Address 3: _____

Ship to City: _____

Ship to State/ZIP: NE, _____

SEND TO INVOICE INFORMATION

Sent to Invoice AB: _____

Agency: _____

Division: _____

Other Data: _____

PRE-PRESS COMPUTER SERVICES

Proof: ☐ Yes ☐ No

Proof Delivery via Email

Art Design: ☐ Yes ☐ No

Bleed: ☐ Yes ☐ No



Printing Services Info Sheet

Job Description: _____
Other: _____

Printed On: _____
Page ____ of ____

PRESS

PRINT

One Side Only: _____ Specify: _____
Front and Back: _____ Specify: _____

TEXT

Number of Forms: _____
Ink Color: _____ Specify: _____
Paper Color: _____ Specify: _____
Paper Weight: _____
Paper Type: _____ Specify: _____
Finished/Paper Size: _____ Specify: _____

FINISHING

Packaging:

Box:	Yes	No	Qty Per:	_____
Shrinking:	Yes	No	Qty Per:	_____

COMMENTS

