

T_L6194

Order Type

Ship By Date

Order Submitted Date

Actual Ship Date

	April 12, 2013	April 10, 2013	
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CONTACT INFORMATION

Company: _____ Ph # _____

Job/Order #: _____ Name: _____ Email: _____

ORDER TYPE

EXACT REPEAT <input type="checkbox"/>	NEW ORDER <input type="checkbox"/>	CHANGE REPEAT <input type="checkbox"/>	QTY: <input type="checkbox"/>	IMPRINT: <input type="checkbox"/>
		→	START #: <input type="checkbox"/>	OTHER: <input type="checkbox"/>
			STOCK: <input type="checkbox"/>	SEEATCHD: <input type="checkbox"/>

ORDER DETAILS

QTY: _____	Foil: <input checked="" type="checkbox"/>	Position: Top	Colour: DARK BLUE	Software: Select Software	Sig Lines: 1 SIG	Currency: _____	Logo: <input type="checkbox"/> EMAIL <input type="checkbox"/> ON FILE
	No Foil: <input type="checkbox"/>						<input type="checkbox"/> Y

Special Designation #: _____	Start #: 000000	Location: <input type="checkbox"/> T <input type="checkbox"/> M <input type="checkbox"/> B	Sequence: _____	Custom Colour: _____	MATCH SAMPLE: <input type="checkbox"/>	DWE USED?: <input type="checkbox"/> Y <input type="checkbox"/> N	SUPPLIER: _____
		STD: <input type="checkbox"/>	Low # on top, face up	PMS: _____	PMS: _____		
		SPECIAL: <input type="checkbox"/>					

PROOF? <input type="checkbox"/> Y <input type="checkbox"/> N
Return After Proof <input type="checkbox"/>
Return After Proof Approval <input type="checkbox"/>
P.O. _____
P.O. _____
RE _____
ABC _____
SETUP _____
OK _____

00000 H #	TR 000 IT #	0000000000000000
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SHIPPING / BILLING

Ship By: _____	Serv Type: _____	MULTIPLE ORDER # _____	SHIP WITH: _____
<input type="checkbox"/> CANPAR <input type="checkbox"/> C.P. <input type="checkbox"/> UPS <input type="checkbox"/> PURO <input type="checkbox"/> P/U	<input type="checkbox"/> NBD -AM <input type="checkbox"/> NBD <input type="checkbox"/> GROUND <input type="checkbox"/> NSR		SHIP WITH: _____
SHIP WITH: _____		SHIP WITH: _____	
SPECIAL INSTRUCTIONS: _____		SHIP ON CUST. ACCT # <input type="checkbox"/>	

PROD. NAME/CODE: _____	\$ 0.00	ORDERED <input type="checkbox"/> SHIPPED	AMT \$: 0.00
PROD. NAME/CODE: _____	\$	ORDERED <input type="checkbox"/> SHIPPED	AUTH #: _____
PROD. NAME/CODE: _____	\$	ORDERED <input type="checkbox"/> SHIPPED	DATE: _____
PROD. NAME/CODE: _____	\$	ORDERED <input type="checkbox"/> SHIPPED	COMMENT: _____
PROD. NAME/CODE: _____	\$	ORDERED <input type="checkbox"/> SHIPPED	AMT \$: _____
PROD. NAME/CODE: _____	\$	ORDERED <input type="checkbox"/> SHIPPED	AUTH #: _____
RUSH CHARGE: _____	\$	ORDERED <input type="checkbox"/> SHIPPED	DATE: _____
SHIPPING CHARGE: _____	\$	ORDERED <input type="checkbox"/> SHIPPED	COMMENT: _____
CUSTOM COLOUR: _____	\$		
\$ 0.00 TA 0 %		\$ 0.00 \$ GRN 0.00 AL	

BILLING: <input checked="" type="checkbox"/> name on chq _____	CC#: _____ EXP: 01/2011
Province: Provinces	INVOICE: <input checked="" type="checkbox"/> CSV #: _____
	AIRMAILS: _____

CUSTOMER COMMENTS

PRINT & CHEQUES NOW COMMENTS

No
Payment
Method
Selected.