



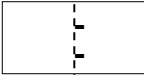

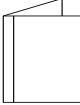






Department and Division Names				Customer Order Number		DOA-Assigned Job #											
Contact Person				General Services Billing Information													
				%	Customer Use Code		Customer Optional Data										
Email Address																	
Street Address			Phone Number														
Order Date			Requested Delivery Date		Original			<input type="checkbox"/> Hard Copy		<input type="checkbox"/> FTP	<input type="checkbox"/> Disk	<input type="checkbox"/> E-Mail					
Publication / File Name:					Copies are to be printed with:												
					<input type="checkbox"/> Black Ink							<input type="checkbox"/> Color Ink	<input type="checkbox"/> Black & Color Inks				
Output:				Output from Archive:			Archive this file for future output?			Proof Required:							
<input type="checkbox"/> Paper				<input type="checkbox"/> CD/DVD	<input type="checkbox"/> Wide Format	DOA #:			<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No				
Paper Size				Finishing			Print										
<input type="checkbox"/> 8.5x11				<input type="checkbox"/> 8.5x14	<input type="checkbox"/> 11x17	<input type="checkbox"/> Collated			Indicate number of copies of the document.								
Weight and Color				<input type="checkbox"/> Collate & Staple/Bind			Pages										
20#				60#	Cover	Standard Colors				Upper Left							
<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	?	<input type="checkbox"/> Portrait			<input type="checkbox"/> Landscape		<input type="checkbox"/> One Side (Simplex)					
<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	?	<input type="checkbox"/> Left Side			<input type="checkbox"/> Head to Head (Duplex)							
<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	?				<input type="checkbox"/> Head to Foot (Duplex)							
<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	?				<input type="checkbox"/> For complex pagination submit DOA-3055PL.							
Specialty Papers				Color Choice	Other Specifications:												
<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	?	<input type="checkbox"/> Portrait							<input type="checkbox"/> Landscape			
<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	?											
<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	?	<input type="checkbox"/> Saddle Stitch										
Color Printing Stock				Paper Choice													
<input type="checkbox"/> Text				?	<input type="checkbox"/> Tape Bind									<input type="checkbox"/> Perfect Bind			
<input type="checkbox"/> Cover				?	Glue Pads												
Other Options					_____ (# of sheets per pad)												
<input type="checkbox"/> NCR				_____ # of plies	Shrink Wrap												
<input type="checkbox"/> Transparencies				<input type="checkbox"/> Tab dividers	_____ (# of sheets / pack)												
Drill					DOA Production Staff Only									Delivery Method			
<input type="checkbox"/> Standard 3 Hole					Print									<input type="checkbox"/> Inter-Dept.		<input type="checkbox"/> Call for Pick Up	<input type="checkbox"/> Inserting/Labeling
<input type="checkbox"/> Other – Provide Sample					Oper.									Delivery Address, if different from above:			
Fold					Date												
<input type="checkbox"/> Letter					Bindery												
<input type="checkbox"/> Half					Oper.												
<input type="checkbox"/> Z Fold					Date												
<input type="checkbox"/> Double Half					Shipping												
<input type="checkbox"/> Complex: Please include Sample					Oper.												
_____ Finished Folded Size					Date									Publishing Services Customer Service: (608) 243-2404			