

Re-Order?	Yes	No
Previous Order #	_____	

= A field that must have information in order to proceed with order

COMPANY: _____ PO # _____ \$Cost _____

CONTACT PERSON: _____ PHONE# _____ FAX: _____

Shipping Address: _____

Billing Address _____
(if different)

Order Date: _____ Due Date _____ Is due date is critical? Yes No
(circle one)

Streamline Quote # _____
(if applicable)

Job Name/ Part# _____

Material: _____ Material Color: _____ Thicknes/Guage _____

Quantity: _____ Finish Size _____ Flute or Grain direction: _____
(if applicable)

of Colors 1 2 3 4 Other _____ Colors to be printed _____
(circle one) (Like Red or Green or Blue etc.)

Which side of material prints: Front Back Both
(circle one)

Screen Print / Digital Print / Don't Care (if you don't circle then we will decide, but you have to live with it.)
(circle one)

Adhesive _____ Masking _____ Permanent Overlam _____

Die Cut Yes No Hole Punch size _____
(circle one)

PACKAGING

How do you want order packed? Bulk Groups of: _____

How do you want order to ship? _____

If this is a Drop Ship, what is the address _____

Special Instructions: _____
