

RDER FOR

Toll Free: 888.429.5482 Fax: 888.429.5482

DATE:: **SALES REP:: SHIPPING INFORMATION CUSTOMER INFORMATION** Company Name: Ship To: Contact: Attention: Address: Address: City: State: Zip: City: State: Zip: Tel: Cell: Tel: Cell: Fax: Fax: **DISK & PROOFING REQUIREMENTS** MAC PC SOFTWARE PROOF NEEDED QuarkXpress - vers. Fax Adobe Photoshop - vers. Color Proof All Fonts Outlined/Rasterized Adobe Illustrotor - vers. Email PDF **CMYK** Adobe Pagemaker - vers. None Greater Than 300 DPI Other Preseo cannot be held responsible for jobs printed Files Sent Via without a proof. **JOB DESCRIPTION** QTY: SIZE: COLOR: STOCK: FINISHING: DESCRIPTION: QTY: SIZE: COLOR: STOCK: FINISHING: **DESCRIPTION:** QTY: SIZE: COLOR: STOCK: FINISHING: DESCRIPTION: **SHIPPING** UPS Acc.# FedEx Acc.# Will Call [customer pick up] Bill Me Method: Ground 3 Day Select 2 Day AM/PM Next Day AM/PM/Saver Ship Proof Via Split Shipment (After 1st shipment there is a \$15.00 charge per additional shipping address.) **Email Address PAYMENT METHOD** All orders must be paid in full before they are picked up or shipped.

Terms: Under \$1,000, Full payment with order - Over \$1,000, 50% deposit, 50% on completion.

VISA







CHECK #

Expiration Date

Date

Card Holder Name:

Shipping \$

Price \$

P.O. Number

Credit Card Number

Special Handling \$

I hereby declare that the above mentioned credit card belongs to me or my company and I am authorized to use it. By typing "I AGREE" below, I am authorizing Preseo to charge the appropriate amount to my credit card and agree to pay this amount according to the Credit Card issuers policies.

CA Sales Tax \$

Total \$

Please type "I AGREE" in the box below.

Signature