

External Print Requests: Fax # 905-813-4011

Department: _____ Costing Code: _____

*Contact Name: _____ Phone Extension: _____ Date Required: _____
*Individual who will be notified of order status mm/dd/yy

Authorized Signature: _____

Please allow an average processing time of 2-3 days per request

External Print Request Information:

Name: _____ Office: _____
 Address: _____

PLEASE FILL IN EACH AREA IN ITS ENTIRETY. INCOMPLETION COULD RESULT IN JOB DELAY.

Form # / Job Name	TOTAL Finished Quantity
<p>Project Specifications: Print Type: <input type="checkbox"/> Colour <input type="checkbox"/> B&W</p> <p>Paper: <input type="checkbox"/> White Bond <input type="checkbox"/> NCR <input type="radio"/> 2-part <input type="radio"/> 3-part <input type="checkbox"/> White Card <input type="checkbox"/> Coloured Bond _____ <input type="checkbox"/> Coloured Card _____ <small>specify colour specify colour</small></p> <p>Size: <input type="checkbox"/> 8.5x11" (letter) <input type="checkbox"/> 8.5x14" (legal) <input type="checkbox"/> 11x17" (tabloid) Printed: <input type="checkbox"/> One-sided <input type="checkbox"/> Two-Sided</p> <p>Finishing: <input type="checkbox"/> Cerlox Binding <input type="checkbox"/> Front Cover _____ <input type="checkbox"/> Back Cover _____ <input type="checkbox"/> Numbering _____ <small>specify colour or clear specify colour or clear specify starting number</small></p> <p><input type="checkbox"/> Staple: <input type="radio"/> Top Left <input type="radio"/> Booklet <input type="checkbox"/> Paper Clip <input type="checkbox"/> Gluing (Padding) <input type="checkbox"/> Fold: # of Folds: _____ <input type="checkbox"/> Lamination</p> <p><input type="checkbox"/> Drill Holes <input type="checkbox"/> Perforating <input type="checkbox"/> Cut to Specific Size _____ <input type="checkbox"/> Load into Binders <input type="checkbox"/> Inserts <input type="checkbox"/> Tabs</p> <p style="text-align:center;">* All jobs produced externally will be shipped directly to the user & will include shipping charges.</p>	

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Other Information:

Date Received _____	Date Completed _____	User Notified <input type="checkbox"/> Yes <input type="checkbox"/> No	Date _____
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