PROJECT TICKET CREDIT CARD PAY

	Date Submitted	
	Quantity: Date Wanted	
Job Name	Size: Date Completed	
Your Name	Need by: Total Billed	
Phone Email	□Color □Black Date Billed	
INSTRUCTIONS		
For Office Use	DIGITAL PRINTING	
Black Prints: 11" 14" 17" 18" 19" DS SS Total # of Originals Quantity Needed	Paper Type #20 Bond #20 Bond #20 Bond #20 Bond #60 Astrobrite #70 Exact Special Paper Vellum Special Paper Cover #65 Astrobrite Cover #65 Exact Cover Provided Paper Tab Sheets Blank Cover Clear Plastic Cover Blank 20# Other	
ASSEMBLY/BINDING	MAILING CENTER	
□ Machine Collate □ Hand Collate □ Collate/Staple □ Upper Left □ Two on Side □ Lower Left □ Machine Fold Half □ 3 Panel □ 4 Panel □ □ Hand Fold # of folds □	Mail List Name: Label Generation Label Application Electronic Data Import (Instructions 453-2268) Bundle, Tray, Tag Tabbing Machine Insert # of inserts Mail Merge Provided Paper Other (Select A per Programming # of hours Inkjet Addressing Move Update Hand Insert # of inserts Other	