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Client Information (THIS COLUMN FILLED OUT BY CLIENT)

Bill to: _____
P.O. Number: _____ Job Number: _____
Contact Name: _____
Address: _____
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File Supplied

Format: Macintosh PC
Type: Zip CD Other
 Electronic Transfer*:
*Fax this form to (954) 967-4712

Scan Specifications

Image Name: _____
Original Size: _____ Final Size: _____
 Transparency Reflective
Line Screen: 133 150 Other:
Emulsion Side: Down Up (Flop Image)
Max. Ink Density (Ask Printer): 260 300 Other:
File Format: 5-File EPS (DCS) 1-File EPS TIFF
If TIFF File: CMYK RGB Gray Scale Line Art
 PC Format Mac Format
Special Instructions: _____

Make sure "left/right" orientation is indicated on image!

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Delivery Information

Call client to pick up
 Deliver to same
 Deliver to FTP account name:
 Put scan(s) on CD
 Put scan(s) on removable media
 Put scan(s) on removable media supplied

Date/Time needed: (circle)

Mon	Tues	Wed	Thurs	Fri	Sat
			Time	AM	PM

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