

Customer _____ Phone _____

Address _____

City _____ State _____ ZIP _____

Fax _____ Email _____ Website _____

Date Received _____ Date Due _____

Service...	Price
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<input type="checkbox"/> Scan _____ (size) _____ (title) _____ <input type="checkbox"/> DWM <input type="checkbox"/> WTC Reg Non <input type="checkbox"/> WTC Reg Text <input type="checkbox"/> WTC HVY non <input type="checkbox"/> WTC HVY text <input type="checkbox"/> Cert. <input type="checkbox"/> Photo-Gloss <input type="checkbox"/> Canvas <input type="checkbox"/> Vinyl <input type="checkbox"/> Mount \$ _____ <input type="checkbox"/> UV Coat \$ _____ <input type="checkbox"/> Other _____	
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Special Instructions: _____ _____ _____ _____ _____	Subtotal Tax Deposit TOTAL
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