

WORK ORDER

REF#

Production Location Providence
New Bedford
Johnston

Due Date: _____

Customer Name: _____

Source: ANB | AP | Web

Project Name	P	Qty	Size	Sides	Due Date	S	Material	Cost
Files Supplied:								Tax Sub Total

P=Printed Sides= single sided or double S=Stakes Size=Finished Size

File Setup _____ At Printer? **YES NO** CutFile Sent ? **YES NO** Printed: _____ Qc'd _____

Production Notes

Graphic Design Time

Start _____ Finish _____ Total Time _____ Approval: _____ Version: _____

Finish/Bindary

Start Time: _____ End Time: _____

- | | | |
|----------|---------------|-----------------|
| Laminate | Die Cut | Collate |
| Cut | Mount | Special Package |
| Fold | Router | Other |
| Staple | Straight Edge | |

Notes

Delivery Details

Address: _____ City _____ Zip: _____

PickUp Location

Johnston Providence New Bedford

By signing below you acknowledge that the product received is as expected. You also agree that it is in Correct condition. If you accept possession of the material, any defects after or during transit caused outside of our building is not our responsibility.

You are required to pay the amount listed.

NOTICE: Effective 11/01/2018 all past due invoices of 7 or more days will incur a 1.5% fee. Payment upon Pickup or Delivery is required.

TOTAL INVOICE AMOUNT \$ _____

X _____

NEW CUSTOMER | CHANGE INFORMATION

Name: _____
Address: _____ Zip: _____
Phone: _____ Company: _____ Tax Exempt? _____
Credit Card Number: _____ Exp _____ CVV _____

