

# 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 \_\_\_\_\_

