

MICROPAGE

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CLIENT WORK ORDER

Please supply us with back-up copies of your original.
Micropage assumes no responsibility
for damage to files or disks.

Application/Version _____
Please list **EXACT** file names below

File Name

CLIENT _____
 ADDRESS _____ SUITE/FL _____
 CITY, STATE, ZIP _____
 CONTACT _____
 OFFICE PHONE _____ HOME PHONE _____
 DATE IN _____
 # OF DISKS _____ MAC DISK IBM DISK
SERVICE: Priority 3 Hour
 6 Hour 9 a.m.

SHIPPING INFO:
 MICROPAGE PICK-UP
 MICROPAGE DELIVERY

DELIVER TO:

CLIENT DELIVERY
 CLIENT PICK-UP

FEDERAL EXPRESS TO...
 FED EX. ACCOUNT # _____

File Name	PAPER/FILM				PROOFING				PAGE INFORMATION													
	PAPER (RE-PRO) FILM	NEGATIVE U=up D=down	POSITIVE U=up D=down	PROCESS COLOR	PANTONE/CMYK COLOR (LIST COLORS)	LINE SCREEN	IRIS <input type="checkbox"/> GLOSS <input type="checkbox"/> SEMI-MATE <input type="checkbox"/> MATE <input type="checkbox"/> ACETATE	Water-proofing CANON COLOR CYCLONE MATCHPROOF	COLOR KEY	BLUELINE	YELLOW	8 1/2 x 11"	8 1/2 x 14"	11 x 17"	OTHER...	CROP MARKS	SCALE (if other than 100%)	PAGE RANGE TO PRINT	PRINT PAGES AS SPREADS	# OF PROOFS PER PAGE	TOTAL # OF PAGES OR PLATES	
1. _____																						
2. _____																						
3. _____																						

NOVAJET—Large format posters—Up to 58 inches wide.

File Name	Pages	Size	# Proofs	Crops	Scale	Stock	Lamination	Mounting	Standard: 24-48 hrs.	Priority
1. _____										
2. _____										

4-Color Heidelberg Digital Printing

File Name	Quantity	Stock	Size	Pantone	Process	Folding	Folding Dummy	Trim Size	Shipping	Priority
1. _____										
2. _____										

LIST ADOBE FONT(S) USED IN EPS ART & DOCUMENT:

1. _____ 2. _____ 3. _____ 4. _____ 5. _____
 6. _____

LIST NON-ADOBE FONT(S) USED IN EPS ART & DOCUMENT: (LIST MANUFACTURER)

1. _____ 2. _____ 3. _____ 4. _____ 5. _____
 6. _____

All fonts must be included. All files printed at 100% unless specified.

SPECIAL INSTRUCTIONS: _____

BILLING INFO: COD VISA/MASTERCARD AMEX MICROPAGE ACCOUNT
 ACCOUNT # _____ EXPIRATION DATE _____
 YOUR P.O. # _____ YOUR JOB # _____
 SIGNATURE _____

(Work Order Must be Signed)