

Order Form

Print a copy of the order and Fax to 972.991.5919



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4443 Simonton Rd., Dallas, TX 75244

CUSTOMER INFO.			Purchase Order # :		
Company Name:					
Billing Address:					
City:		State:		Zip Code:	
Contact Name:		Phone #:		Cell #:	
Fax:		E-Mail:			
Product / Project Name:				Order Due:	

SHIPPING INFO.					
<input type="checkbox"/> Pick-up / <input type="checkbox"/> Shipping: <input type="checkbox"/> FedEx Ground <input type="checkbox"/> FedEx Priority <input type="checkbox"/> 2 Day <input type="checkbox"/> FedEx O/N <input type="checkbox"/> Other _____					
Ship to: <input type="checkbox"/> Billing Address / Company:					
Address:		City:		State:	Zip Code:
Attn:				Phone:	

ARTWORK INFO.				File Send via: <input type="checkbox"/> CD / <input type="checkbox"/> DVD / <input type="checkbox"/> E-Mail / <input type="checkbox"/> InkJet FTP / <input type="checkbox"/> Client FTP →		Host :	
File Type: <input type="checkbox"/> Photoshop / <input type="checkbox"/> Illustrator / <input type="checkbox"/> InDesign / <input type="checkbox"/> Acrobat / <input type="checkbox"/> Other _____				User Name :			
Proof Required: <input type="checkbox"/> Yes / <input type="checkbox"/> No		Proof Type: <input type="checkbox"/> PDF / <input type="checkbox"/> Paper / <input type="checkbox"/> Substrate		Password :			
Send Proof to:							

JOB DESCRIPTIONS					
Job Name / File Name	Quantity	Size (H' x W')		Res. 300/360/840/1200/1140	Material

SPECIAL INSTRUCTIONS (Please include finishing requirements)					
Authorised Name:		Signature:		Date: / /	