

Other:\_

## Fax to: 352-371-6597 Email to: orders@insty-printsonline.com For questions or request a pick-up call 352-373-7547

CLIENT INFORMATION	
Today's Date/	
Requested Needed By Date:	
Full Name:	Department:
School:	E-mail Address:
Address (with room #):	
School Phone #:	Cell Phone #
SPECIFICATIONS	
Choose One:  New Job Reprint Exact - Re-Order #:	
Reprint With Changes - Re-Order #:	
Choose One: Artwork Provided Design/Typeset N	Needed    Other:
Project Description:	
Finished Quantity:Finished Size:	Flat Size (if job folds):
#of Originals/Pages:Print: 🔲 One	e-Sided  Two Sided  As Provided
Paper Weight: Paper Type/Finish:	Paper Color:
Ink Colors: 🔲 Black 🔲 Full Color 🔲 One Col	or 🔲 Two Color 🔲 Other:
BINDING & FINISHING	
Choose all that apply and list information as to how you w	ould like us to complete:
☐ Bind: ☐ Drill: ☐	Fold:
☐ Laminate: ☐ Number: ☐	☐ Pad:
Perforate: Score:	Shrinkwrap:
☐ Staple: ☐ Other:	
PROOFING	
Choose one of the following:	
PDF Proof (standard) emailed to:	☐ No Proof Needed:
☐ Fax Proof? Fax Proof to (Person's Name & Fax Number):	
☐ Physical Proof (additional charges may apply) deliver to:	
SPECIAL INSTRUCTIONS	
BILLING INFORMATION	
Choose one of the following:	
P-Card on File - last 4 digits: E-mail F	P-Card Authorization Form to:
☐ Invoice e-mailed to:	
Other:	
DELIVERY INSTRUCTIONS	
Choose one of the following:	
☐ Warehouse ☐ School Location (No Additional Fees):	