

BILL TO: _____

ORDERED BY: _____

PHONE #: _____

C.O.D.: *Check here if you pay C.O.D.(pay at pick up)*

P.O.#: _____ **JOB NAME:** _____

DATE:

TIME DUE?:

WILL CALL:

OTD:

DELIVER:

SHIP:

Please use the "Notes" section (below) for your requests & leave this section for Rancho Employee codes

# of originals	# of copies	Services Needed	Size of Originals	Staple	Edge	Fold	Stamp	Rancho Code

NOTES:

Please use "Notes" section for your requests

<p>ORIGINALS FROM:</p> <p>EMAIL ARCHIVE</p>	<p>PRINTS TO:</p> <p>WILL CALL: OTD: DELIVERY: SHIP:</p>	<p>ORIGINALS TO:</p> <p>WILL CALL: OTD: DELIVERY: SHIP:</p>
<p>CUSTOMER SIGNATURE: <i>Do not sign until order is picked up!</i> <i>(Confirms receipt of completed order)</i></p> <p>X</p>	<p>EMAIL: <input type="checkbox"/> YES, EMAIL TO=</p>	
<p align="center">FOR EMPLOYEE USE ONLY:</p> <p>SCAN TO: SCANNED BY: DIGITAL/EMAIL: PRINTING: STACKING/FINISHING: WILL CALL/DELIVERY:</p>		