

# CORRECTION ENTERPRISES PRINT ORDER FORM

DC-258



*Not Just Making It Right. Making It Better.*

**CUSTOMER INFORMATION:**

Contact Person: \_\_\_\_\_  
 Phone #: \_\_\_\_\_  
 Date Needed: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Quantity Requested: \_\_\_\_\_  
 Proof Needed:      Yes      No  
 Quote Number: \_\_\_\_\_  
**REPRINT or NEW JOB**  
 Previous Purchase Order Number \_\_\_\_\_  
 Is It Exactly The Same? (Please Circle) Yes or No  
 Cost Statement? (Please Circle) Yes or No

Bill To:	Ship To:
_____	_____
_____	_____
_____	_____

**STAPLING      PADDING      DRILLING      FOLDING      TABS**

 # of Pads <input style="width: 50px; height: 30px;" type="text"/>	 # Sheets Per Pad <input style="width: 50px; height: 30px;" type="text"/>	 <input style="width: 20px; height: 10px; border: 1px solid black;" type="checkbox"/> Custom (Must Add Special Instructions)	 <input style="width: 20px; height: 10px; border: 1px solid black;" type="checkbox"/> Custom (Must Add Special Instructions)	Tabs      Qty. of Tabs: _____ Position of Tabs: _____ (Example: 1/2, 1/3, 1/4, 1/5, etc.) <input type="checkbox"/> Mylar <input type="checkbox"/> Index
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**TAPE**

Yes or No \_\_\_\_\_

**SIDES**

1	1	1	2
2	1	2	2
as	is		

**LAMINATION**

Yes or No \_\_\_\_\_

**NUMBERING**

Beginning Number: \_\_\_\_\_  
 Red or Black Ink \_\_\_\_\_

Number of Originals \_\_\_\_\_

Head to Head \_\_\_\_\_

Head to Foot \_\_\_\_\_

**PACKAGING**

Shrink Wrap or Box Only \_\_\_\_\_  
 Sheets/Sets per Package: \_\_\_\_\_

**PERFORATION      BINDING**

 <input style="width: 20px; height: 10px; border: 1px solid black;" type="checkbox"/> Custom (Must Add Special Instructions)	<table style="width: 100%;"> <tr> <td style="width: 50%; text-align: center;"> <b>SADDLE STITCH</b>                        Color _____                 </td> <td style="width: 50%; text-align: center;"> <b>PERFECT BOUND</b>                        Color _____                 </td> </tr> <tr> <td style="text-align: center;">                       GBC                      Color _____                 </td> <td style="text-align: center;">                       Coil                      Color _____                 </td> </tr> </table>	<b>SADDLE STITCH</b>  Color _____	<b>PERFECT BOUND</b>  Color _____	 GBC Color _____	 Coil Color _____
<b>SADDLE STITCH</b>  Color _____	<b>PERFECT BOUND</b>  Color _____				
 GBC Color _____	 Coil Color _____				

**PAPER STOCK/BINDING: (Refer to Enterprise Stock Book)**

CE Print Customer Service Dept will measure the sample provided for finished size.  
 \* Please provide specs if finished size should be different than sample provided.  
 \* Print has no restocking fee, but charges a pro-rated charge for work that is begun and then cancelled.

2/pt, 3/pt, or 4/pt  
 NCR Paper  
 Color Sequence  
 \_\_\_\_\_

Paper Color \_\_\_\_\_  
 Paper Stock \_\_\_\_\_

**INK COLORS**

Black Ink Only \_\_\_\_\_  
 Ink Color/PMS \_\_\_\_\_  
 Email Address: \_\_\_\_\_

**Special Instructions/Additional Comments/Remarks:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Approver: \_\_\_\_\_