Smart Resolution.com

FULL COLOR PRODUCTS ORDER FORM

PLEASE PHOTOCOPY FOR MULTIPLE ORDERS

DATE OF ORDER	P.O. #
CONTACT PERSON	

- ☐ Please email proof to _____
- ☐ Please overnight proof *(additional $35)*
- ☐ Please apply promo code _____ to my order
- ☐ Please apply reseller discount (I will fax resale certificate)

CUSTOMER BILLING INFORMATION		CUSTOMER SHIPPING INFORMATION	
COMPANY NAME		COMPANY NAME	
STREET ADDRESS (REQUIRED FOR UPS SHIPMENT)		STREET ADDRESS (REQUIRED FOR UPS SHIPMENT)	
CITY, STATE AND ZIP		CITY, STATE AND ZIP	
PHONE NUMBER INCLUDING AREA CODE ( )	FAX NUMBER INCLUDING AREA CODE ( )	PHONE NUMBER INCLUDING AREA CODE ( )	FAX NUMBER INCLUDING AREA CODE ( )
SIGNATURE OF PURCHASER	EMAIL ADDRESS FOR CONFIRMATION AND INVOICE	SIGNATURE OF PURCHASER	EMAIL ADDRESS FOR CONFIRMATION AND INVOICE

FULL COLOR PRODUCTS ORDERING

QUANTITY	PRODUCT # (If known)	FLAT SIZE	FINISHED SIZE	PAPER TYPE	DESCRIPTION (include whether one-sided or two-sided)	TYPE OF FOLDING (If applicable)	MAILING SERVICES (If applicable)	RETAIL PRICE
								$
								$
								$
								$
								$
								$
								$
								$

- SPECIAL INSTRUCTIONS -

Attach additional sheet(s) if necessary

OUR GUARANTEE

We guarantee high quality full color printing that meets or exceeds commercial standards.

If we cannot guarantee a perfect match between the proof and the final product, we will reprint or refund your order.

EXTRA CHARGES

RUSH SERVICE 30% upcharge or $150.00, whichever is higher	$
OVERNIGHTED PROOF Additional $35.00	$
GRAPHIC DESIGN Please call for estimate or quote	$
VARNISH If not included in your price, please call for pricing and availability	$
COATING If not included in your price, please call for pricing and availability	$
FOLDING If not included in your price, please call for pricing and availability	$
MAILING SERVICES If not included in your price, please call for pricing and availability	$

SHIPPING METHOD

☐ Parcel Post	$
☐ UPS Standard Ground (default) ☐ Fedex Ground ☐ UPS 2nd Day Air ☐ Fedex 2nd Day Air ☐ UPS Next Day Air ☐ Fedex Overnight	$
☐ Use my Fedex Account # _____	*Billed to your account*

TOTALING YOUR ORDER

THANK YOU FOR YOUR ORDER ! *Please fax or mail in your order or call with any questions.*	SUBTOTAL (after any discounts)	$
	FLORIDA SALES TAX (ADD 6.5%)	$
	SHIPPING (please refer to attached sheet)	$
	TOTAL	$

PAYMENT INFORMATION

I WILL PAY BY ☐ CHECK (please allow to clear before processing)

☐ CREDIT CARD ON FILE LAST 4 DIGITS _____

☐ NEW CREDIT CARD ☐ Please email me secure link for payment
☐ Please call me when you process my order

☐ INVOICE (subject to prior credit approval)

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