Smart Resolution REORDER FORM PLEASE PHOTOCOPY FOR MULTIPLE ORDER														R FORM			
DATE OF ORDER			PO #						EXACT REORDER			☐ Please submit proof before processing my order					
CONTACT PERSON			TOMER # / I A	☐ REORDER with ch			I.										
			CUSTOMER # / LAST ORDER # / QUOTE #					INCLUDE COPY OF FORM OR CHEQUE WITH CHANG			☐ Please apply reseller discount (I will fax resale			sale certificate)			
CUSTOMER BILLING INFORMATION											CUSTOMER SHIPPING INFORMATION						
COMPANY NAME COMPANY NA											AME .						
STREET ADDRESS (REQUIRED FOR UPS SHIPMENT) STREET ADDR											ESS (REQUIRED FOR UPS SHIPMENT)						
CITY, STATE AND ZIP CITY, STATE A											ND ZIP						
PHONE NUMBER INCLUDING AREA CODE FAX NUMBER INCLUDING AREA CODE PHONE NU									MBER INCLUDING AREA CODE FAX NUMBER INCLUDING AREA (CODE		
SIGNATURE OF PURCHASER EMAIL ADDRESS FOR CONFIRMATION AND INVOICE SIGNATURE OF											OF PURCHASER EMAIL ADDRESS FOR CONFIRMATION AND INVOICE						
STANDARD PRODUCTS (Fill out only if you are making changes to the product itself, otherwise fill out imprint information of the product itself, otherwise fill out in the produc																	
QUANTITY						CRIPTION (include size, paper type or col ntinuous as well as software/typestyle/layo				NEW CONSECUTIVE NUMBER (If left blank, we will continue from				FREE BUSINESS DESIGN NUMBER	RETAIL PRICE		
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CUSTOM PRODUCTS (Fill out only if you are making changes to the product itself, otherwise fill of									ll out im	out imprint information below)							
QUANTITY	PRODUCT # NUMBER COLOUR(S) (PMS #'s) DESCRIPTION (include size, paper type or colour or NEW CONSECUT (include size, paper type or colour									RETAIL PRICE							
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FULL COL	JLL COLOUR PRODUCTS (Fill out only if you are making changes to the product itself, otherwise fill out imprint information below)												140111061				
QUANTITY	PRODUCT #	FLAT SIZE										RETAIL PRICE					
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	IMPRINT INFORMATION										EXTRA CHARGES STANDARD PRODUCTS						
	COMPANY NAME										☐ Extra Wording: \$7.00/product. Fill out Special Instructions area ☐ Cheque Rush: \$15.00+overnight cost. 72 hr turnaround. (no oustom logos) \$						
ADVERTISING	LINE OR SLOG	an to be prin	NTED						CUSTOM PRODUCTS								
ADDRESS									Rush Service: \$45.00 - Order ships 4 days after proof approval Bleeds: \$10.00 per edge - Business cards and letterheads only. Graphic Design - Plagse and for a market								
										J Extra Ink Charge - Please call tor pricing or quote Backprinting - Please call for pricing or quote					\$		
CITY, STATE A	ND ZIP								□ Graphic Design - Please call for a quote □ Extra Ink Charge - Please call tor pricing or quote □ Backprinting - Please call for pricing or quote □ Perforations - Please call for pricing or quote □ Plate Changes - Please call for pricing or quote □ Consecutive Numbering - please call for pricing or quote								
PHONE NUM	BER WITH AREA	CODE FAX	NUMBER WITH AF	REA CODE	EMAIL AD	DDRESS (OR WE	BSITE)		FULL COLOUR PRODUCTS								
()		()						☐ Rush Service: 30% upcharge or \$150.00, whichever is higher ☐ Graphic Design - Please call for estimate or quote						\$		
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specification s	heet for bank ro up with the boo	uting numbers es below. 31 Co	ues), a deposit tic and bank imprint ppy all the numbe	nformations to the rich	. 2) Find t	n rockers) or con hese symbols (I symbol: legying	inpieiea / III III)on a blank	your cheque box where	Canada Post						\$		
there is a space	e. Substitute the	letter C for the	symbol (II*), an ple deposit ticket	d the letter I) for the s	ymbol (■1). 4)	Then, si		☐ UPS Standard Ground (default) ☐ Fedex Ground ☐ UPS 2nd Day Air ☐ Fedex 2nd Day Air					\$			
Please note: A	ny numbers to t	he left of this fir	rst symbol (🖺) ar	e not neede	for proce	essing your orde	er. Be sur	e to specify	☐ UPS Next Day Air ☐ Fedex Overnight								
	Please note: Any numbers to the left of this first symbol (are not needed for processing your order. Be sure to specify consecutive numbering. FOR CHEQUES:											00000	7				
C =									TOTALING YOUR ORDER			R ORDER		AL (cfter any discounts)	\$		
FOR DEPOSIT TICKETS:										FOR YOUR ORDER!		TAX	\$				
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FOR DEPOSIT TICKETS REQUIRING ADDITIONAL NUMBER POSITIONS, PLEASE FAX A SAMPLE TO 888-309-5267								-309-5267	orde			TOTAL	\$				
BANK IMPRINT INFORMATION										PAYMENT INFORMATION							
BANK NAME BANK STREET ADDRESS									I WILL PAY BY □ CHEQUE (please allow to clear before processing)								
BANK CITY, STATE AND ZIP BANK PHONE NUMBER								CREDIT CARD ON FILE LAST 4 DIGITS									
SPECIAL INSTRUCTIONS - Attach additional sheet if necessary									■ NEW CREDIT CARD ■ Please email me secure link for payment								
A ESIAE II TOTAGO TIOTAG - Allucti addillottal street it necessary									□ Please call me when you process my order								
										☐ INVOICE (subject to prior credit approval)							