

Novitex Enterprise Solutions

Please fill out all highlighted information

Job# _____

(to be issued by Mail Services)

Customer Name: _____

Date Rec'd: _____

Department: _____

Due Date: _____

PO Box #: _____ **Phone:** _____

Date / Time started: _____

Index / Lawson Code: _____

Date / Time completed: _____

SERVICES WILL BE ELECTRONICALLY BILLED TO CODE ABOVE

Reference: _____

Quantity: _____ @ _____ One Sided ___ Two Sided ___ Originals _____

Cost: \$ _____

Paper Size: 8.5"x11" (Letter) ___ 8.5"x14" (Legal) ___ 11"x17" (Tabloid) ___ Other _____

Paper Description: (please specify color for paper choice)

Finishing:

	Cost
20# white _____	_____
Customer Provided stock _____	_____
Pastel _____	_____
Fluorescent _____	_____
Cardstock _____	_____
Tabs (bank of _____)	_____
Other: _____	_____

	Cost
Collate _____ (machine / hand)	_____
Cutting / Scoring _____	_____
Folding _____	_____
Stapling _____	_____
Saddle Stitch _____	_____
3 Hole Drill _____	_____
GBC / Coil Binding _____	_____
Shrink Wrap _____	_____

Delivery Information:

Physical Address to include Floor, Room and/or Suite #: _____

Special Instructions:

THIS IS NOT AN INVOICE.