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800-330-8976  
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### Client Information (THIS COLUMN FILLED OUT BY CLIENT)

Bill to: \_\_\_\_\_  
 P.O. Number: \_\_\_\_\_ Job Number: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Office Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_ Fax: \_\_\_\_\_

### File Supplied

Format:  Macintosh  PC  
 Type:  Zip  CD  Other  
 Electronic Transfer\*:  
 \*Fax this form to (954) 967-4712

### Scan Specifications

Image Name: \_\_\_\_\_  
 Original Size: \_\_\_\_\_ Final Size: \_\_\_\_\_  
 Transparency  Reflective  
 Line Screen:  133  150  Other:  
 Emulsion Side:  Down  Up (Flop Image)  
 Max. Ink Density (Ask Printer):  260  300  Other:  
 File Format:  5-File EPS (DCS)  1-File EPS  TIFF  
 If TIFF File:  CMYK  RGB  Gray Scale  Line Art  
 PC Format  Mac Format  
 Special Instructions: \_\_\_\_\_

***Make sure "left/right" orientation is indicated on image!***

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### Delivery Information

Call client to pick up  
 Deliver to same  
 Deliver to FTP account name:  
 Put scan(s) on CD  
 Put scan(s) on removable media  
 Put scan(s) on removable media supplied

Date/Time needed: (circle)  
 Mon Tues Wed Thurs Fri Sat  
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 Time AM PM

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