

## order form

Company Name:							Date:				
Contact Name:						_ Emai	l:				
Phone:											
Billing A	ddress:										
Job Inforn	nation										
Job Name:							P.O.#				
Quantity: _	Ir	nage Size:		(h)	x		(w)	Extensions:	☐ Yes	□No	
	F	inish Size:		(h)	x		(w)	Due date:			
	☐ Vinyl 10	oz. C	Pressure Se	nsitive A	dhesive	e (PSA)	☐ Mesh	☐ Backlit Vin	ıyl 🗆 Spe	ecial (see below	
Finishing	☐ Standar	d 3″ Bleed	& 3" Pocket	□ 1″ F	lem/RF	Weld	□Gromm	nets (see below)	☐ Trim to	size 🔲 None	
Artwork	☐ Email	I	☐ FTP	☐ Dow	/nload		Sketch	□Other:			
Resolutio	n □ Sta	ndard Res	olution (Billb	oard)		☐ Hig	h Resolutio	n			
Proofing	Blind Proof:	☐ Yes	□ No	□ Send	d Proof	via E-ma	il 🗆 S	Send Proof via Fax	x #		
	Shir	ping a	ddress:					Shi	pping Mo	ethod	
Attention: Address: City/State/Zip	Attention: Phone: Address:						- Customer rickup				

**Special Instructions / Custom Finishing:** 

275 Cumberland Pkwy Plaza #310 • Mechanicsburg, PA 17055
TOLL FREE: 1-855-**Maxx**ink • FAX: 1-855-629-9465 • info@**Maxx**ink.net

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Maxxink.net