

# Web Graphics

2305 Centralyard Court, Fort Wayne, IN 46818  
**Phone: 260-637-7311 • Fax: 260-637-7399**

# ORDER FORM

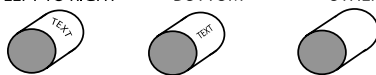
Date: \_\_\_/\_\_\_/\_\_\_ Req.'d. Ship Date \_\_\_/\_\_\_/\_\_\_

Proof Needed: \_\_\_/\_\_\_/\_\_\_ Proof Sent: \_\_\_/\_\_\_/\_\_\_

Proof OK'd: \_\_\_/\_\_\_/\_\_\_

<b>BILL TO:</b>	<b>SHIP TO:</b> <input type="checkbox"/> Same
Company Name: _____	Company Name: _____
Address _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Ordered By: _____	Attn: _____
Phone: _____ Fax: _____	Ship VIA _____

P.O. # \_\_\_\_\_ Description \_\_\_\_\_

<b>PLATE MATERIAL:</b> CYREL <input type="checkbox"/> DFH <input type="checkbox"/> <input type="checkbox"/> NOWS <input type="checkbox"/> DFM <input type="checkbox"/> <input type="checkbox"/> HOS <input type="checkbox"/> DPL <input type="checkbox"/> <input type="checkbox"/> EXL <input type="checkbox"/> DPI <input type="checkbox"/> <input type="checkbox"/> UXL <input type="checkbox"/> FD1 <input type="checkbox"/> OTHER _____	<b>Thickness:</b> <input type="checkbox"/> 067 <input type="checkbox"/> 107 <input type="checkbox"/> 187 <input type="checkbox"/> Other _____	<b>STEP &amp; REPEAT</b> <input type="checkbox"/> Die Cut      Gear Pitch <input type="checkbox"/> Butt Cut <input type="checkbox"/> 1/8 CP <input type="checkbox"/> Other <input type="checkbox"/> 32 DP <input type="checkbox"/> 10 MIL <b>Distort Plate:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No      Corner Radius _____ Banner/Bag Size: _____ X _____ Label/Image Size: _____ X _____ _____ Tooth    Cylinder Repeat _____ _____ AC      Gap AC _____ _____ AR      Gap AR _____	<b>PROOFS BEFORE PLATES:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> E-MAIL <input type="checkbox"/> FAX <input type="checkbox"/> BLK/WHT. LASER <input type="checkbox"/> COLOR LASER <input type="checkbox"/> PROCESS PROOF <input type="checkbox"/> DYLUX <input type="checkbox"/> EPSON PRINT # Colors _____ Extra Film _____ #Proofs _____ Cost: _____
<b>SURFACE PRINT</b> <input type="checkbox"/> <b>ROORIM PRINT</b> <input type="checkbox"/>		<b>PLATE DIRECTION AROUND CYLINDER</b> LEFT TO RIGHT      TOP TO BOTTOM      OTHER 	
<b>SCREEN TINT INSTRUCTIONS</b> PERCENTAGE: _____ LINES PER INCH: _____ (lpi) ADJUST FOR PRESS GAIN <input type="checkbox"/> YES <input type="checkbox"/> NO		<b>Total Number of Colors</b> _____ <b>Total No. (Negs) Plates</b> _____	

**ADDITIONAL INSTRUCTIONS:**       RETURN CUSTOMER DISK       RETURN CUSTOMER ART

**Q =** \_\_\_\_\_

**FILE #** \_\_\_\_\_

**FILE #** \_\_\_\_\_

**FILE #** \_\_\_\_\_

**DIST:** \_\_\_\_\_ %    **DIST. LENGTH =** \_\_\_\_\_    **WEB WIDTH =** \_\_\_\_\_    **FILE #** \_\_\_\_\_

<b>INTERNAL USE BELOW THIS LINE (fill in quantity or time)</b> _____ Process Fee _____ Scans _____ System Time (Art, Type Changes) _____ Step (& Distort) _____ Bar Code(s) _____	*(Do not include time for Distortions, Step & Repeat, Bar Codes or Rails)	_____ Output (Film) Size _____ Plate Square Inches _____ Plates Trimmed _____ _____ _____
<b>CUSTOMER MAT'LS. RETURNED</b> <input type="checkbox"/>		<b>Ship via</b> <input type="checkbox"/> UPS <input type="checkbox"/> FED EX <input type="checkbox"/> OTHER _____ Date _____ Shipping Charges _____ _____/_____/_____ _____/_____/_____

INK MANAGER UPDATED \_\_\_\_\_    OUTPUT BY: \_\_\_\_\_     DIST. CHK'D. \_\_\_\_\_     WIDTH CHK'D. \_\_\_\_\_     PRINT DIRECTION CHK'D. \_\_\_\_\_  
 TRAPS CHK'D. \_\_\_\_\_     SCREEN LPI CHK'D. \_\_\_\_\_     PLATE QUALITY CHK'D. \_\_\_\_\_    MIN. PLATE RELIEF \_\_\_\_\_    PLATE(S) TRIM \_\_\_\_\_