



WORK ORDER FORM

Phone: (866) 364-8569
 Fax: (323) 271-0375 Commerce
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 Email: service@reprox-press.com

ITEM #	DESCRIPTION OF ORIGINALS	NO. OF COPIES	SIZE (1/2, FULL)	MEDIA (Bond, Vellum, etc.)
1				
2				
3				
4				
5				
6				
7				
8				

Finishing Plans: Staple Screw Bind **Finishing Specs:** Staple Screw Bind ACCO Bind Other _____

SPECIAL INSTRUCTIONS: _____

Bill To

Company: _____
 Ordered by: _____
 Address: _____
 Phone: _____
 Fax: _____
 Email: _____
 Visa MC Amex Other _____
 Account Number: _____
 Exp. Date: _____ CVV: _____

Project Information

Job Name: _____
 Job Num: _____
 PO Num: _____
 Due Date: _____
 Due Time: _____
 Date Submitted: _____

Files Upload to Repro X-Press

Files uploaded to FTP
 Folder name: _____
 Files sent by email to:
service@reprox-press.com
 _____@reprox-press.com
 Instant Upload
 Project name: _____
 Hard Copy to Repro X-Press
 CD to Repro X-Press

Deliver Copies To

“Bill To” Address
 Ship to Address below:
 Company: _____
 Attention: _____
 Address: _____
 Carrier & Account # to Ship:

Originals To: Bill to Address
 Ship to Address

Digital Services

Upload to Bidmail to Project Above
Upload to FTP
 Folder Name: _____
Email files
 Email: _____
Burn to CD

Pick-Up

Commerce Office
 2057 Hoefner Street
 Commerce, CA 90040
 Irvine Office
 18207 Mc Durmott, Suite I
 Irvine, CA 92614
 Requested Pick-up Date & Time:
