



Job Form 2005-06

WinCo Graphix & Design Inc.

Douglasville, Ga 30134

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Tel: 770-453-5560 Fax: 770-489-6226

We Care How Your Business Look

Printing Department

*Date: _____
 *Name: _____
 Company: _____
 *Address: _____
 *City: _____
 *State: _____ *Zip: _____
 *Tel: _____
 Fax: _____
 Cell: _____
 *Email: _____

SHIPPING ADDRESS: (Please PRINT - no PO BOX address)

DELIVERY INFORMATION:

UPS Std. (3-5 days) UPS 2 Day UPS 1 Day
 FEDEX Air (extra charge) Airborne Air (Purolator)

HOW DID YOU HEAR ABOUT US? Internet Repeat
 Friend Direct Mail Other _____

FILE SENT VIA: EMAIL FTP COURIER

FILE SENT AT: _____

FILE NAMES: _____

FILE NAMES: _____

ADDITIONAL ORDERING INFORMATION:

I authorize printing of my job with respect to the above terms and conditions. I have approved the content and authorize WinCo Graphix to charge me for their services.

Signature: X _____

Printing Ordering

QUANTITY _____

Business Cards (Backprinting) Yes No
 Post Cards (4x6) (5x7) (4x9)
 Brochures Mini Menu Size ___x___ 8.5x11
 8.5x11 11 x17 8.5x14
 Flyers 8.5 x 11 (4/0) 8.5 x 11 (4/4) 11 x17
 11 X 17 (4/0) 11 X 17 (4/4)
 Folding 80LBS Paper 100LBS Paper
 Price: _____ Set-Up: \$15.00_____
 Shipping: _____ Bindery: _____
 Total: _____

PAID BY:

AMEX M/C (Master Card Preferred) VISA
 Company Check Money Order

Name: _____

Card #: _____

Expiry Date: ____/____/____ (month/year)

Design Department

*Date: _____

*Name: _____

Company: _____

*Type of Design: _____

*Date Due: _____

*Format: **tiff , jpg. , pic. , eps. ,pdf:** _____

*Color: _____

*Graphic: _____

*Effects: _____

*Drawings: _____

*Explain Job or Project:

(Please Print)

