

Printing Order Form

ORDER READY _____

DATE _____ NAME _____ SOCIAL OK LINK _____

PHONE# _____ EMAIL _____

I accept this estimate _____ Art Association _____

#	TITLE-DESCRIPTION	QTY	SUBSTRATE	IMAGE SIZE	PAPER SIZE MAT OPENING	NET	YOUR COST
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
	CA State Sales Tax Will Be Applied Unless you have a valid resale number on file.					SUB TOTAL	

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