## SoA Print Order Form

Name:

| *Please name your files: lastName_firstName_00\# |  | Paper Size |  | PDFs only |  | Scale to Fit? | \# of Copies |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| File Name | Paper Type | Width | Length | Page \#s | 2-Sided?* |  |  |
| Smith_J_001.pdf | copy text | 11 | 17 | 1-6 | no | yes | 1 |
| Smith_J_002.jpg | Iuster | 8.5 | 11 | - | - | no | 2 |
| Smith_J_003.tif | semimatte | 24 | 32 | - | - | no | 1 |
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| Paper Cutting Service: <br> Hand Cutting - $\$ 3$ per sheet (1 sheet at a time) <br> Stack Cutting - $\$ 2$ per cut (10-250 at a time) | Supplies: | Price: | Quantity: | Special Requests: |  |  |  |
|  | SuperBlack Board | \$3.75 |  |  |  |  |  |  |  |
|  | Tracing Paper | \$1.00 |  |  |  |  |  |  |  |
| Cutting Service request: | Cover Sheet | \$2.00 |  |  |  |  |  |  |  |
|  | Other: White Mat Board, 2-sided tape, ect |  |  |  |  |  |  |  |  |

[^0]
## SoA Print Order Form


(For new customers / revisions only)

NAME: $\qquad$ DATE: $\qquad$

Email: $\qquad$ (required for credit cards)

PHONE: $\qquad$
Need by: $\qquad$

## Customer Receipt of Pickup

Customer accepts that files are printed as they are submitted, and SoA Print is not responsible for customer errors. Customer acknowledges receipt and responsibility of completed print order and declares prints free from damage.
(Please sign and date upon receipt of prints)
SIGNATURE: $\qquad$ DATE: $\qquad$


[^0]:    *2-Sided: Available for laser prints only. 2-sided printing cost the same price as two separate prints.

