

JOB SUBMISSION FORM

000E0 547	mm/dd/yyyy	DUE DATE	mm/dd/yyyy	
ORDER DATE		DUE DATE		
COMPANY INF	FO			
Firm Name		First and La	First and Last Name	
Address		City/State/	/Zip	
Phone		E-mail		
PRODUCT SPE	ECIFICATIONS			
Job Name		No of	No of	
		Originals	Copies	
JOB SPECIFIC	ATIONS			
OS Platform	Appl	cation Program	If, Other specify.	
File Name		Compres	ssed File	
Account				
FINISHING				
Finished Size If		If Finished Size is cu	stom, enter size.	
Print If I		If Print is color, ente	r color.	
	1			
Hole Punch	Staple		Finishina	
Hole Punch	Staple		Finishing	
	Staple		Finishing	
Hole Punch Special Instructions/N			Finishing	

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