



# ORDER FORM

pg 1 of 3

Please complete the following form & fax to us at 727.466.9801. We will contact you with an acknowledgement and production status as quickly as possible. Payment arrangements will be made at that time.

Is this a New Order or Reorder of a previous job?  New Order  Reorder  Reorder with changes  
If reorder, please provide us with previous job # (if known): \_\_\_\_\_

Did you Receive an Estimate for this job?  No  Yes, estimate# \_\_\_\_\_

## ORDER TYPE

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Graphic Design        | <input type="checkbox"/> Mailing Services      | <input type="checkbox"/> Strategic/Mktg Services |
| <input type="checkbox"/> Website/Internet Mktg | <input type="checkbox"/> Multimedia/PowerPoint | <input type="checkbox"/> Event Planning          |
| <input type="checkbox"/> Promotional Items     | <input type="checkbox"/> Photography           | <input type="checkbox"/> Sales Training          |
| <input type="checkbox"/> Printing              | <input type="checkbox"/> Trade Show            | <input type="checkbox"/> Translation Services    |
| <input type="checkbox"/> Signs/Booths          | <input type="checkbox"/> Copywriting           | <input type="checkbox"/> Other: _____            |

## YOUR INFORMATION

Company: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_


Email Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_ Alternate #: \_\_\_\_\_

## FILE PREPARATION

Please prepare my artwork per the following specifications:

- Exact Repeat Order.** This order is a repeat order with no changes and therefore does not require any artwork preparation or design changes.
- Print-Ready Files Supplied.** I will be supplying print-ready files that meet WMG's artwork specifications and they will require NO modifications. I understand that I will be charged a \$35 file prep charge and additional charges may apply if they are not deemed "production ready".

questionnaire cont'd - next page 



# ORDER FORM

pg 2 of 3

- Revisions Only.** Please make the following revisions/corrections to:
  - My supplied  PC  Mac files created in \_\_\_\_\_ (program), version \_\_\_\_\_.
  - My previous job on file: \_\_\_\_\_  
(specify previous job name/reference & date if possible)
- Specify Revisions Requested (attach separate sheet if needed): \_\_\_\_\_

- Design Per My Instructions.** I will supply all  text,  images and instructions for layout.
- Give Windsor Design Team Carte Blanche.** I will supply general guidelines to the design team, but I authorize them to use their professional judgment on layout and design.
  - I will provide all copy/text and proofreading.
  - I authorize WMG's staff to edit and proof all copy from my supplied text. This service will be billed at \$65/hr. with a \$65 minimum.
  - I authorize WMG's staff to research and write all copy for my project. Please have a representative contact me to discuss pricing.

## JOB INFORMATION

Purchase Order #: \_\_\_\_\_ Quantity: \_\_\_\_\_

Description: \_\_\_\_\_

Paper/Material: Description: \_\_\_\_\_ Brand/Type (if known): \_\_\_\_\_

Other: \_\_\_\_\_


### Front Imprint Color(s): (check all that apply)

- Full Color (4 Color Process)
- Other - Give PMS # if known: \_\_\_\_\_  
(i.e. Red or PMS 185 Red)

### Back Imprint Color(s): (check all that apply)

- Full Color (4 Color Process)
- Other - Give PMS # if known: \_\_\_\_\_  
(i.e. Red or PMS 185 Red)

- Okay to use **closest match** of above color (this option may save you money)
- Don't change** the shade of the colors chosen. They must match exactly.

questionnaire cont'd - next page 



# ORDER FORM

pg 3 of 3

**Size:** \_\_\_\_\_ **Final size after finishing:** (if different from flat size) \_\_\_\_\_

**Bleed:** (please choose one)  1 side  2 sides  3 or all sides  None  Unsure

**Finishing:** (i.e. folding, perforation, etc.) \_\_\_\_\_

**Proof Type Requested:**  PDF  Fax  Laser Color Proof  High Res Color Proof  Proof Waived

**If Mailing Services are required, please complete the following section:**

Postage Rate:  Presorted First Class  Presorted Standard  Non Profit

Postage Applied Via:  Preprinted Indicia  Precancelled Stamps  First Class Stamps

Permit Usage:  Client Provided Indicia  Use WMG's Indicia (no additional charge)

**Comments:** \_\_\_\_\_

## DELIVERY INFORMATION

**How soon would you like to get this product?** \_\_\_\_\_

(We will make every effort possible to get your product delivered within your expected timeframe.)

**Delivery Deadline:** (if any) \_\_\_\_\_

**Requested Delivery Method:** Select one below.

(if none are chosen, we will choose the best method based on your product type, weight, distance and deadline.)

- Customer Pick Up  UPS Ground  UPS Next Day Air (Red)
- Courier/Local Delivery  UPS 2nd Day Air  UPS Next Day Saver
- Trucking/Freight Company  UPS 3 Day Select  Other: \_\_\_\_\_

## DELIVERY LOCATION Check here if delivery address is same as contact address

**Contact/Company:** \_\_\_\_\_ **Contact Phone #:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Delivery Location Type:**  Residential  Commercial

**Please fax to: 727.466.9801**