

# CopyInc



COPY CENTER  
SERVICES

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*Our Image is Everything!*

## COPY CENTER REQUEST FORM

NAME:	<input type="text"/>	DATE & TIME ORDERED:	<input type="text"/>
PHONE:	<input type="text"/>	DATE & TIME NEEDED:	<input type="text"/>
ADDRESS:	<input type="text"/>	DELIVERY OR PICK UP:	<input type="text"/>
DEPT/ORG NAME:	<input type="text"/>	DELIVER TO:	<input type="text"/>

### COPYINC INSTRUCTIONS

NUMBER OF ORIGINALS (2-sided copies count as 2)	<input type="text"/>	COPIES NEEDED	<input type="text"/>	BLACK & WHITE
COPY STYLE:	1 TO 1 SIDE	1 TO 2 SIDE	2 TO 2 SIDE	AS IS
				FULL COLOR

### TYPE OF STOCK

8.5 x 11	WHITE	CUSTOMER SUPPLIED (I.E. Letterhead)
8.5 x 14	PASTEL COLOR _____	TRANSPARENCY
11 x 17	HOT COLOR _____	OTHER

### FINISHING

COLLATE (1,2,3,3...,1,2,3 <sub>6</sub> )	CUTTING (PROVIDE SAMPLE)	RUBBER BAND/ CLIP SET
GROUPED (1,1 <sub>6</sub> , 2,2 <sub>6</sub> , 3,3 <sub>6</sub> )	GBC BINDING	3 HOLE PUNCH
COVERS (SPECIFY)	STAPLING (PLEASE INDICATE TYPE BELOW)	
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

### ADDITIONAL INSTRUCTIONS

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### **COPY CENTER USE ONLY**

DATE	FEE
TOTAL COST	INVOICE NUMBER