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Richardson, Texas 75081
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Date: _____

<u>Stock</u>
<u>Quantity</u>
<u>Logo</u> Book _____ Page _____ # _____

THERMOGRAPHY ORDER FORM

Name _____

Address _____

City/State/Zip _____

Phone _____ Fax _____

<u>Standard Ink Colors</u>	
<input type="checkbox"/> Black	<input type="checkbox"/> Green
<input type="checkbox"/> Red (185)	<input type="checkbox"/> Brown
<input type="checkbox"/> Reflex Blue	<input type="checkbox"/> Burgundy
<input type="checkbox"/> Process Blue	<input type="checkbox"/> Gray
<u>Specialty Ink Colors</u>	
PMS _____	PMS _____

<u>Special Instructions</u>	<input type="checkbox"/> Fax Proof <input type="checkbox"/> Return Art <input type="checkbox"/> 2nd Side Print <input type="checkbox"/> Vertical Layout

Customer's Approval _____ Amount _____