



WORK ORDER

COMPANY _____ PO Number _____
NAME _____
ADDRESS _____ CITY _____
STATE _____ ZIP _____ PHONE _____
ORDERED BY _____ CELL PHONE _____

JOB # _____

DATE _____

DUE DATE _____

FILE

QUANTITY

FINISHED SIZE

_____	<input type="text"/>	_____
_____	<input type="text"/>	_____
_____	<input type="text"/>	_____
_____	<input type="text"/>	_____
_____	<input type="text"/>	_____

- | | | |
|-------------------------------|---------------------------------|--------------------------------------|
| <input type="checkbox"/> 720 | <input type="checkbox"/> CD/DVD | <input type="checkbox"/> FLOOD WHITE |
| <input type="checkbox"/> 1440 | <input type="checkbox"/> FTP | <input type="checkbox"/> SPOT WHITE |
| | <input type="checkbox"/> EMAIL | |

FILE EXTENSION

MATERIAL

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> BANNER VINYL | <input type="checkbox"/> SBS |
| <input type="checkbox"/> COROPLAST | <input type="checkbox"/> FABRIC |
| <input type="checkbox"/> FOAM BOARD | <input type="checkbox"/> ALUMINUM |
| <input type="checkbox"/> ULTRA BOARD | <input type="checkbox"/> STATIC CLING |
| <input type="checkbox"/> GATORBOARD | <input type="checkbox"/> BACKLIT FILM |
| <input type="checkbox"/> LEXAN | <input type="checkbox"/> OTHER |
| <input type="checkbox"/> SINTRA/KOMATEX | |
| <input type="checkbox"/> STYRENE | |
| <input type="checkbox"/> DIBOND | |
| <input type="checkbox"/> PLEXIGLASS | |
| <input type="checkbox"/> ALUMACORE | |
| <input type="checkbox"/> MESH VINYL | |
| <input type="checkbox"/> MAGNETIC | |

Color

Weight/Thickness

Sheet Size

Sheets Used

FORMAT

- | |
|--------------------------------------|
| <input type="checkbox"/> UPRIGHT |
| <input type="checkbox"/> LANDSCAPE |
| <input type="checkbox"/> 1st SURFACE |
| <input type="checkbox"/> 2nd SURFACE |
| <input type="checkbox"/> SINGLE FACE |
| <input type="checkbox"/> DOUBLE FACE |

DIE-CUTTING

- | |
|-------------------------------------|
| <input type="checkbox"/> KISS CUT |
| <input type="checkbox"/> ROUTER CUT |
| <input type="checkbox"/> Set-up Fee |

FINISHING

- | |
|---|
| <input type="checkbox"/> GROMMETS |
| <input type="checkbox"/> HEMMING/SEWING |
| <input type="checkbox"/> POLE POCKETS |
| <input type="checkbox"/> CUTTING |
| <input type="checkbox"/> LAMINATING |
| <input type="checkbox"/> GLOSS |
| <input type="checkbox"/> MATTE/SATINEX |

SPECIAL INSTRUCTIONS

OUTSOURCE: _____

COSTS: _____

SHIPPING

- ☐ UPS ☐ FED-EX ☐ PICKUP ☐ DELIVERY

ACCNT # _____

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