



Reprographic Order Form

BRENTWOOD
REPROGRAPHICS

Company:		Project Name:	
Ordered By:		Project Number:	
Address:		Date Requested:	
City/Zip:		Time Requested:	
Phone Number:		Email:	

Original To:

Prints To:

Reproduction Services			Large Format Xerox				Binding
Description & Size of Originals	# of Originals	# of Sets	Bond Copy	Vellum Copy	Mylar Copy	% of Original Size	<input type="checkbox"/> Staple <input type="checkbox"/> Edge Bind <input type="checkbox"/> Chicago Screw <input type="checkbox"/> Leave Loose

For all other services use this form

# of Originals	Description of Originals	Process	Print Size	# of Sets

Special Instructions