



galaxy press

ORDER FORM

DATE:

JOB DESCRIPTION:

COMPANY:

ORDERED BY:

PHONE:

FAX:

FILE NAME:

(PROGRAM'S) & VERS USED:

QUANTITY:

BLEED: YES NO

FLAT SIZE:

FINAL SIZE:

CLR SIDE 1:

CLR SIDE 2:

VARNISH TYPE:

STOCK:

IF NUMBERED: START:

FINISH:

COLOR:

TYPE OF FOLD:

SCORE:

DIE CUT:

EXPLAIN BELOW

SPECIAL INSTRUCTIONS:

CARTON PACK

SHRINK IN

DATE NEEDED BY:

DELIVERY INSTRUCTIONS:

THIS FORM MUST BE FILLED OUT AND FAXED TO GALAXY PRESS ALONG WITH A PRINT OUT OF THE LATEST VERSION OF YOUR JOB FOR YOUR ORDER TO PROCEED.

FAX: 925-798-0343