

WORKORDER WORKSHEET

SCREEN VINYL DIGITAL

PO#

DATE ORDERED 6/5 DATE REQUIRED _____CUSTOMER/BUSINESS NAME Shick

ADDRESS _____ CITY/ZIP _____

Contact: George ITEM DESIRED _____PHONE 276-2677 QUANTITY _____

FAX _____ MATERIAL _____

OTHER _____ MAT. COLOR _____

1 SIDE/2 SIDE ON HAND - Y / N INK/VINYL COLORS _____

ARTWORK FILE SAVED AS: _____

SPECIAL INSTRUCTIONS _____

Design Area

CUSTOMER APPROVAL DATE _____

Replacement #5 for system menu