

FOX PRINT DIRECT ORDER FORM

5801 River Road, New Orleans, LA 70123
800-868-6442 phone 866-364-7792 fax
ftp://ftp.foxprintdirect.com

Date _____ Salesperson: _____ Order number: _____

Sold To:

Customer Name: _____

Acct#: _____

Contact: _____

E-mail: _____

Phone: _____

Job Name/Description: _____

Quantity Ordered: _____ # of pages: _____

Price per M _____ Total Price _____

Flat Size: _____

Finished Size: _____

Bleed: No Yes

Stock Coated Uncoated Matte

45# 50# 60# 70# 7pt. Hi Bulk

80# 100# 9pt. Hi Bulk

Cover: Self-Cover 80# Coated 100# Coated

Other: _____

Colors

Front: CMYK Black Back: CMYK Black

Cover: CMYK Black Inside: CMYK Black

Special Instructions _____

Finishing Set-up \$ _____ Run \$ _____

Folding: 1/2 Letter 8 pg. 16 pg. Gatefold

Binding: Glue Saddle Stitch Perfect Coil

Perf: Horizontal Vertical Right Angle Pattern

Drill: _____ Holes Location _____

Die Cutting: Hi-Die Standard Die \$ _____

Prepress/Proofing Information

Files to Fox by _____

Exact file name _____

Requested Proof Date _____

Eproof Only Color Proof Content Proof Waive Proof

Ship Proof To:

Name _____

Address _____

City/State _____

Art Contact Person _____

Telephone _____

Email _____

Customer: _____ Date: _____

Bill To:

Name _____

Address _____

City/State/Zip _____

Packing/Shipping Information

Skid Pack Cartons

Special Instructions _____

Requested Delivery Date _____

Ship To:

Name _____

Address _____

City/State/Zip _____

Split Shipments/Lots

Additional shipping locations _____ at \$50.00 each

Total for split shipments \$ _____ (Shipping not included)

(Please list locations on additional sheet)

Lot breakdowns _____ at \$25.00 each

Total for lot breakdowns \$ _____

(Please list breakdowns on additional sheet)

Estimated Shipping/Packing Charges \$ _____

(Fuel surcharge to be added at time of shipment)

Sample Required: No Yes Quantity: _____

Ship Samples To:

Name _____

Address _____

City/ State/ Zip _____

Mail Services

Quantity to be mailed _____ Estimated postage \$ _____

(Postage must be paid in advance. Checks payable to US Postmaster)

List from Fox List from Customer

Customer indicia Fox indicia CASS Certify only

Ink jet Label Tab Bag Glue Scratch Off

Deliver to post office by _____

Estimated List/Mailing Charges \$ _____

Additional Instructions

