

# 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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_