



TOTAL DOCUMENT SERVICE

90 Smith Street Collingwood 3066 Tel: (03) 9417 4100 Fax: (03) 9419 6074 Email: pcolour@bigpond.com

ACCOUNT C.O.D INVOICE DATE: _____

NAME/COMPANY: _____

CONTACT NAME: _____

PHONE: _____ FAX: _____

ADDRESS _____

ORDER NO.: _____ JOB REF: _____ JOB NO.: _____

TIME IN: _____ TIME REQUIRED: _____

PLATFORM USED: MAC P.C.

SOFTWARE USED:

Quark Illustrator Photoshop CorelDraw Pagemaker
Word Powerpoint Publisher Pdf Other

File Name	Qty	A4	A3	A2	A1	A0	Other	B/W	Col	Pgs	Pgs	Crops
_____	___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	___ To ___	___	<input type="checkbox"/>
_____	___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	___ To ___	___	<input type="checkbox"/>
_____	___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	___ To ___	___	<input type="checkbox"/>
_____	___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	___ To ___	___	<input type="checkbox"/>
_____	___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	___ To ___	___	<input type="checkbox"/>

File Related Instructions:

FONTS USED (including any fonts used within eps files)

IMPORTED GRAPHICS USED

	CMYK	RGB		CMYK	RGB
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>

SCANNING

Resolution Percentage

- COLOUR
- BLACK & WHITE
- GREY SCALE

FILE FORMAT

Tiff Eps Jpg Bmp Pict Pcx Other _____
LZW Compression
Macintosh compatible PC compatible

Delivery Instructions: Collect Call When Ready Courier



OFFICE USE ONLY

ABN 30 266 903 297

ACCOUNT C.O.D INVOICE

DATE: _____

ACCOUNT NAME: _____

Job No.: _____

Order No.: _____

PROCESSING

Clr B/W

Qty	Unit Cost	Total

OUTPUT

Clr B/W A4 A3 A2 A1 A0

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other

Paper Stk

_____	_____
_____	_____
_____	_____
_____	_____

Qty	Unit Cost	Total

FLATBED SCANNING

Clr B/W A4 A3

Qty	Unit Cost	Total

OTHER SERVICES

	A4	A3	A2	A1	A0	Other
Black/White Copies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Colour Copies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Laminating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Block Mounting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fabric Transfers	<input type="checkbox"/>	<input type="checkbox"/>				_____
CD Burning	_____					_____
Binding	_____					_____
Labour	_____					_____
Other	_____					_____

Qty	Unit Cost	Total

Accepted By: _____ Print Name: _____

Gst Included

Total

TERMS & CONDITIONS

NO BUREAU SERVICES WILL BE CARRIED OUT WITHOUT COMPLETION OF THIS FORM

PLEASE NOTE: ALL COMPUTER OUTPUTS INCUR A PROCESSING CHARGE.

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