



INVOICE

Invoice No: _____
Date: _____
Order Date: _____
PO Number: _____

BILL TO

SHIP TO / DELIVERY SITE

JOB PRODUCTION SPECIFICATIONS

Project Name:
Job Type:
Resolution:

Ink Type:
Lamination:
Mounting:

Grommets:
Hemming:
Wind Slits:

ITEM DESCRIPTION / FILENAME	DIMENSIONS	MEDIA / SUBSTRATE	QTY	UNIT PRICE	TOTAL

Subtotal _____

Finishing/Setup Fee _____

Tax _____

Shipping & Handling _____

Total Due

TERMS & CONDITIONS

All custom large format orders are final. Please review and verify all dimensions, proofs, and media choices before signing. Payment is due in accordance with net terms indicated on account.

Authorized Customer Signature

Date

