

NAME / COMPANY: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____

PO#: _____

COLOR SERVICES

120 Hampton Avenue

Needham, MA 02494

781.444.5101

www.colorservicesllc.com

DATE REQUESTED: _____

.....
DIGITAL ORDER FORM

File Name or Frame Number: _____

Print Size:

(max width 60")

Print Surface:

(circle one)

Epson Glossy

Epson Luster

Epson Matte

Other

Number of Copies: _____

Border Specifications:

(choose one)

borderless
crop to fit

1/4" borders
crop to fit

uneven borders
minimum 1/4"

borders 2 sides

Scanning:

From Film? y / n Format: _____

From Flat Art? y / n Size: _____

File Size Needed: _____

Burn to CD or DVD?

Digital Retouching

Please describe:

(Provide proof with markup if possible)

.....
PAYMENT BY:

(circle one)

-Cash

-Check

-Charge

(include credit card number and exp. date)

SHIP VIA:

- CSI Courier

- UPS # _____

- FedEx # _____

.....
SHIPPING INSTRUCTIONS:

(if any)