ARIZONA CORRECTIONAL INDUSTRIES

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aci.az.gov

Print Order Worksheet

Job Name: _____

☐ **Sample Provided:** _____

Product/Item

Please check only ONE item per order form.

☐ Letterhead

☐ Form ☐ (NCR) Pts: _____

☐ Envelope

☐ Catalog / Brochure / Flyer

☐ Business / Post / Rack Card

☐ Other: _____

Custom Finishing

☐ Fold To: _____

☐ Score

☐ Perforate

☐ Number: ☐ Red ☐ Black

☐ Stitch: ☐ Single ☐ Saddle

☐ Hole Punch: ☐ 2 ☐ 3 ☐ Custom: _____

☐ Spiral Bind

☐ Glue

☐ Other: _____

Proof Option

☐ Deliver Hard Copy

☐ E-Mail PDF to: _____

☐ Other: _____

Quantity: _____

Job Description

Size: _____

Stock Type: ☐ Text ☐ Cover ☐ Other: _____

Weight: _____ Color: _____

Ink(s)

☐ Full Color (CMYK)

☐ Black ☐ PMS Color(s): _____

☐ Single Sided ☐ Duplex (Two Sided)

☐ Bleeds

☐ Other: _____

Files Provided

File/folder Name: _____

☐ Digital ☐ PC ☐ MAC

☐ Hard copy

☐ Reorder # _____

☐ Other: _____

NOTES:

Pricing and turnaround assume that digital artwork is provided print-ready with no work required.

All documents should be one-up and correctly sized, bleeds extended, and process/spot colors designated.

Please include linked graphics and fonts. PC and Mac acceptable file types are: PDF, EPS, InDesign, Illustrator, Photoshop.

Graphics should be created and saved at a minimum resolution of 300 dpi for photographs, or 1200 dpi for rasterized line art or type to obtain the best results. Lower resolution will result in lower quality.

RGB artwork will need to be converted to CMYK, which may cause variations in color.

Special Instructions

_____

_____

_____

_____

_____

_____

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A Driving Force in the State's Economy

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Quote Request

Name: _____ Date: _____ Purchase Order: _____

Company: _____ Email: _____

Street: _____ Phone Number: _____ Fax Number: _____

City: _____ Zip Code: _____

Bill to (Check here __ if same as above.)

Street: _____

City: _____ Zip Code: _____

Name: _____

Email: _____

Phone Number: _____ Fax Number: _____

Ship to (Same as top address __ Bill to __ above.)

Street: _____

City: _____ Zip Code: _____

Name: _____

Email: _____

Phone Number: _____ Fax Number: _____

Item Code	Description	Size/Color	Line Price	Qty	Line Total

Subtotal	
Sales Tax 8.6%	
Freight	
Total	

☐ See attached Worksheet for order details.

By signing below, I am certifying that I am an authorized purchasing agent for the above named company.

Authorized Signature: _____

Please sign completed Quote Request and fax to 602-272-1007 or email to sales @aci.az.gov

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