Alaska Tab and Bind Inc.
Work Order

Bill To:

Company Name: _____

Contact Name: _____

Address: _____

_____

Phone: _____

Fax: _____

e-mail: _____

Ship To:

Company Name: _____

Contact Name: _____

Address: _____

_____

Phone: _____

Fax: _____

e-mail: _____

COPIES:

☐ Black & White
- ☐ 1 sided ☐ 2 sided
- ☐ copy size_____

☐ Color
- ☐ 1 sided ☐ 2 sided
- ☐ copy size_____

☐ Collated

☐ Stapled

☐ 3 hole drilled

BINDING:

☐ Wire bind
Color_____

☐ Velo
Color_____

☐ Comb Binding
Color_____

☐ Coil
Color_____

☐ Perfect Bind

☐ Other

LAMINATION:

☐ 1 sided ☐ 2 sided

☐ 1.8 mil

☐ 3 mil

☐ 5 mil

☐ 10 mil

TRIM / MOUNT:

☐ Corner Round

☐ Trim Flush

☐ Border _____

☐ Mount on foam core

TABS:

Sets _____

Titles _____

Size of Cut _____

Stock Size _____

Tab Size _____

☐ Cut only

☐ Cut and laminate
- ☐ Clear
- ☐ Color _____

☐ Reinforced

☐ 3 Hole drill

☐ Other_____

PRINTING ON TABS:

☐ Typeset
- ☐ Stock _____
- ☐ Ink _____

☐ 1 Sided

☐ 2 Sided

☐ Total Tabs _____

SPECIAL INSTRUCTIONS: _____

_____

_____

_____

_____

_____

_____

_____

_____