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: _____

_____

_____

_____

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