

Date _____



FlexoTech
Job Number _____

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BILL TO:	PROOF TO:	PLATE TO:
NAME _____	_____	_____
ADDRESS _____	_____	_____
_____	_____	_____
CONTACT _____	_____	_____
CUST. ORDER.# _____	_____	_____
JOB DESCRIPTION _____	_____	_____

PLATE _____ TYPE _____ THICKNESS _____ SPECIAL RELIEF _____ STICKYBACK _____

PROOF _____ FAX LASER HI-RES INKJET LOW-RES INKJET SOFTPROOF _____
 DIGITAL CONTRACT CROMALIN CHROMACHECK DYLUX _____

RETURN _____ WITH PROOF _____ 3.5" DISK E-FILE
 WITH PLATE/NEG _____ ZIP DISK NEG
 CD OTHER _____

LABEL DIE CUT BUTTCUT ROLL STOCK WEB WIDTH _____ **SIZE**
BAG SIDEWELD TUBING ROLL STOCK WEB WIDTH _____ L-R _____ X T-B _____ X _____

COLOR SEQUENCE
TOTAL NO. _____ 1. _____ 2. _____ 3. _____ 4. _____
THIS ORDER _____ 5. _____ 6. _____ 7. _____ 8. _____

PRINT CENTERLINES MAINTAIN TRIM
 SURFACE REVERSE BEARER BARS REGISTER MARKS MICRODOTS PIN REGISTER COLOR TARGETS

PRESS FEED

BAR CODE ENCODATION _____
SIZE _____ BWR _____ HT _____ LTH _____

PROOF CURVE _____
PRESS CURVE _____
TRAP _____
SCREEN _____
FLEXO CAL _____

REPROP CYL. REPEAT _____
 YES PRINT REPEAT _____
 NO PITCH _____
PERCENTAGE _____

STEP & REPEAT NO. AROUND _____ SPACE _____
NO. ACROSS _____ SPACE _____
 YES S&R L-R _____ S&R T-B _____
 NO REPROP S&R _____ STAGGER _____

ADDITIONAL INSTRUCTIONS:

<input type="checkbox"/> QUOTE _____	SHIPPING INFORMATION
<input type="checkbox"/> C/A _____	
OK BY: _____	
DATE: _____	
	PROOF SHIP BY: _____
	PLATE SHIP BY: _____
	<input type="checkbox"/> CALL <input type="checkbox"/> DELIVER _____
	<input type="checkbox"/> PICK-UP <input type="checkbox"/> SHIP _____