ARC Columbus
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Columbus, Ohio 43215
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1 of _____	Tracking Number _____

FOR INTERNAL USE ONLY (DO NOT WRITE IN BOX BELOW)

Date Picked Up _____	Time _____	Driver _____

Code	Large Format Quantity	Code	Narrow Format Quantity

Please Select Location	

CUSTOMER INFORMATION

Company Name	
Location	
Phone Number	Ext
Ordered By	
P.O. Number	
Job Name	

☐ Keep Job On File (If keeping job on file, please contact our Bid Department)

DELIVERY METHOD

◯ Deliver ◯ CPU ◯ Call When Ready
◯ Waiting Ship Via _____

DATE AND TIME DUE

Date Due _____
Time Due _____

DISTRIBUTION / SHIP TO ADDRESSES

Address		
City	State	Zip

☐ See Attached List

LARGE FORMAT INSTRUCTIONS

Number of Originals	Number of Sets Required

◯ Bind Edge ◯ Staple Edge ◯ Loose ◯ Fold

◯ Copy Output Size = 100% ◯ Reduce / Enlarge To _____ %

☐ Use Recycled Media

Notes:

NARROW FORMAT INSTRUCTIONS

Number of Originals	Number of Sets Required
◯ GBC ◯ Plastic Spiral Coil	◯ Staple ◯ Loose
◯ Single Sided ◯ Double Sided	◯ B/W Copies ◯ Color Copies

☐ Use Recycled Media

Notes:

Return by Fax 614-224-2583 Attn: Digital Department | Email columbus@e-arc.com |