

Date: \_\_\_\_\_

**EMWD PRINT CHARGES FOR OUTSIDE CUSTOMERS**

Name: \_\_\_\_\_ Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Driver's License / I.D. # \_\_\_\_\_

DRAWING NUMBERS: \_\_\_\_\_

Description: \_\_\_\_\_

<u>Quantity</u>	<u>Size</u>	<u>Print Charge</u>	<u>Extended Total</u>
_____	8-1/2" x 11"	.25 (Photocopy)	_____
_____	11" x 17"	.25 (Photocopy)	_____
_____	18" x 24"	1.75	_____
_____	24" x 36" (Color)	13.50	_____
_____	24" x 36" (Black & White)	5.15	_____
_____	34" x 45" (Color)	28.40	_____
_____	34" x 45" (Black & White)	5.00	_____
_____	24" x 36" Mylar	8.75	_____
_____	E-Mail Electronic Files	\$53.00 per hour	_____
_____	FAXing	1.25/page + cost of Photocopying drawing	_____
_____	Other = \$3.15 per square foot		_____

CASH

CREDIT

Please note that if paying by CREDIT, an invoice will be sent within 30 days of the date of your order.

<b>Sub-Total</b>	_____
Sales Tax (7.75%)	_____
Handling/Postage (Min. \$5.00)	_____
<b>TOTAL:</b>	_____

**CREDIT ACCOUNT NO. 0100-59084-073500**

Requested by: \_\_\_\_\_

Run & Distributed by: \_\_\_\_\_

- Drawings are to be:
- \_\_\_\_\_ Mailed to Customer
  - \_\_\_\_\_ Given to Cashier for Payment (Customer in Office)
  - \_\_\_\_\_ Given to Customer in Office, Bill Customer Account
  - \_\_\_\_\_ FAXed or E-Mailed, Bill Customer Account

Remarks/Special Instructions:

White Copy - Customer

Yellow Copy - Finance Department

Pink Copy - Engineering Services