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* THIS FORM IS NOT A VALID RECEIPT BY ITSELF.
 OUR NUMBERED CASH REGISTER RECEIPT MUST
 ACCOMPANY THIS FORM FOR EXCHANGE OR REFUND.

***ORDER
 FORM**

1- XEROX	4- COLOR
2- LARGE FORMAT	5- SUPPLIES
3- PLOT/SCAN	6- MISC.

DATE	PROJECT NUMBER/NAME	ORDERED BY	PHONE NO.	DATE/TIME DUE

BILL TO:		PICKUP FROM:		ORIGINALS TO:		PRINTS TO:	
Attention:		Attention:		Attention:			

CUSTOMER #	CASH	CHG.	P.O.#
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CODE	Number of Originals	Number of Sets	TOTAL PRINTS	DESCRIPTION	TOTAL SQFT.	AMOUNT

DON'T BIND PRINTS DATE STAMP OTHER STAMP

ADDITIONAL INSTRUCTIONS:		
	TAX	
	TOTAL	

RECEIVED BY: X _____ DATE: _____

SERVICES

DIGITAL PRINTING	DIGITAL SERVICES	FINISHING
B BOND WHITE PAPER	S SCAN TO FILE	CB COMB BIND
BC BOND COLOR PAPER	CDW WRITE FILES TO CD	Coil COIL BIND
V VELLUM	PDFC CONVERT FILES TO PDF	VB VELO BIND
EV ERASABLE VELLUM	WT WEB TRANSFER	HP 3-HOLE PUNCH
M MYLAR		AC ACCO BINDING