

Company's Name \_\_\_\_\_

Date Ordered \_\_\_\_\_

**Revere Graphics**

Address \_\_\_\_\_

Date Required \_\_\_\_\_

726 S.E. GRAND PORTLAND, OREGON 97214  
503-239-6098 FAX 503-239-7053  
email: revere@rgraphics.com  
web: www.rgraphics.com  
ftp: ftp.rgraphics.com

Buyer's Name \_\_\_\_\_

Time Required  AM  PM

Call when complete

Phone Number \_\_\_\_\_

Deliver via \_\_\_\_\_

**SCAN/CAMERA  
WORK ORDER**

Email Address / FTP info \_\_\_\_\_

Job Description \_\_\_\_\_ Cust Job No. \_\_\_\_\_ Cust P.O. No. \_\_\_\_\_

Mac  Win  Other \_\_\_\_\_  CD  DVD  USB Flash  Email  FTP  Other \_\_\_\_\_

NAME	REFLECT	TRANS	LINE	GRAY	COLOR	COPYDOT	SCALE TO SIZE	TIFF	EPS	PDF	PSD	EPSON	FUJI
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Special Instructions \_\_\_\_\_

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