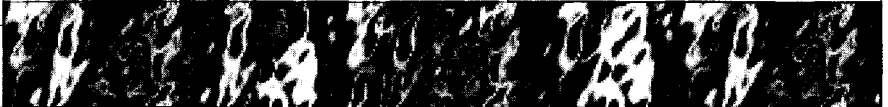


COMPANY	CONTACT
ADDRESS	
CITY	Telephone #
	WORK #
	OTHER
JOB NAME	ACCOUNT #

KRISHNA COPY CENTER

2111 UNIVERSITY AVE., BERKELEY CA 94704
TEL # (510)540-5959, FAX # (510)540-5095

<input type="checkbox"/> DELIVERY	<input type="checkbox"/> CUSTOMER/PU
DATE RECEIVED	TIME RECEIVED
DATE DUE	TIME DUE



Instructions	# of Originals	Qty	Total	Sides	Size	Rate	Ext. Cost
				1 2	let Leg Tab		
				1 2	let Leg Tab		
				1 2	let Leg Tab		
				1 2	let Leg Tab		
				1 2	let Leg Tab		
				1 2	let Leg Tab		
				1 2	let Leg Tab		
				1 2	let Leg Tab		
				1 2	let Leg Tab		
				1 2	let Leg Tab		
				1 2	let Leg Tab		

Stock:	20lbs.	24lbs.	60lbs.	67lbs.	70lbs.	80lbs.		
Color:	White	Other						
Collate:	Y / N							
Staple:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Punch Hole:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Binding:	Spiral	Velo	Wire	Tape				
Binding Cover Front:	Clear	Vinyl	Card	Color:				
Binding Cover Back:	Clear	Vinyl	Card	Color:				
Folding:	1/2 Fold	Z Fold	Other:					
Cutting:	1/2 Cut	1/4 Cut	Other:					
Special Instructions:	<hr/> <hr/> <hr/>							
							Copy Sub-total	

Price Estimated

Taken by: _____ Done by: _____ Checked by: _____ Cashier: _____

Tax	
Less Deposit Paid	
Amount Due	

I have read and authorized this order _____
Customer Signature Date

I have received this order _____
Customer Signature Date

- CASH
- CHECK
- ACCOUNT

Terms: Net 15 days from date of invoice. All accounts due at end of month.