

LAMINATION STATION

SERVICE ORDER

COMPANY NAME & ADDRESS		DATE	DATE REQUIRED
PO#	DESCRIPTION (NAME OF JOB BEING LAMINATED)		
ITEM SIZE	QUANTITY REQUIRED	CONTACT PERSON / TELEPHONE NUMBER	
TYPE & THICKNESS OF MATERIAL (CIRCLE BOTH)		TRIM (CIRCLE ONE)	
CLEAR MATTE POLYPROPYLENE (OPP)	THICKNESS OF LAMINATE 1.7 3.0 5.0 10.0	FLUSH 1/8" 1/4" 1/2" OTHER _____	
FINISHING SERVICES			
<p style="text-align: center;"><u>HEAT FOLDING</u></p> <input type="checkbox"/> SINGLE FOLD <input type="checkbox"/> DOUBLE FOLD <input type="checkbox"/> TRIPLE FOLD <input type="checkbox"/> OTHER _____ PLEASE INCLUDE FOLDED SAMPLE	<p style="text-align: center;"><u>CORNER ROUNDING</u></p> <input type="checkbox"/> PAPER BEFORE LAMINATION <input type="checkbox"/> LAMINATED EDGE SIZE OF ROUNDED CORNER 1/8 1/4 1/2	<p style="text-align: center;"><u>HOLE DRILLING</u></p> LOCATION: Size of hole: 1/8 3/16 1/4 5/16 3/8 1/2 PLEASE PROVIDE SAMPLE OR DRAWING OF WHERE YOU WANT HOLE DRILLED	
<input type="checkbox"/> <u>BRASS GROMMETS</u> HOW MANY _____ LOCATION: PLEASE SUPPLY SAMPLE	<input type="checkbox"/> <u>EASELS ATTACHED</u>	<input type="checkbox"/> <u>COMB BINDING</u> <input type="checkbox"/> <u>COIL BINDING</u>	
REMARKS - FURTHER INFORMATION:			
<p>ALL ORDERS ARE REQUIRED TO BE ACCOMPANIED BY THIS SERVICE ORDER</p> <p>WE ARE NOT LIABLE FOR ANY ERRORS RESULTING FROM SERVICES REQUESTED WITHOUT SAMPLES PROVIDED</p> <p>WHENEVER POSSIBLE MATERIALS SUPPLIED SHOULD INCLUDE EXTRAS (2-5/100) FOR SET UP. EXCESSIVE OVERS WILL NOT BE RETURNED</p>			

**SHIP TO: LAMINATION STATION
419 NE 3RD AVE
Cape Coral, FL 33909**

TOLL FREE: (800) 419-0247

TOLL FREE FAX: (877) 596-0577

Local: (239) 573-6533

Local: (239) 573-7093