ORDER REQUEST FORM

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CONTACT INFORMATION
Requested by: ____________________________________________________________
E-mail: ..............................................................................................................
Tel: ..................................................................................................................... Fax: ...........................................
Today’s Date: ___________________________________ Time: ___________________
Department: ______________________________________________________________________

BILLING INFORMATION

Department: ______________________________________________________________________
Dept. Head/Principal Investigator: ________________________________________________
Authorization: ________________________________________________________________
Tel: ..................................................................................................................... Fax: ...........................................

JOB DESCRIPTION: ______________________________________________________________________

IS A PROOF REQUIRED?  ○ NO  ○ YES - DATE DUE: ___________________ TIME DUE: ____________ ○ am ○ pm

QUANTITY:  # of Originals: .........  # of Copies Needed: ............. ○ One-sided ○ Two-sided ○ As-Is

COPY COLOR: ○ Black & White ○ Full Color ○ Mixed Color/B&W

PAPER SIZE:  ○ 8.5 x 11 (Letter) ○ 8.5 x 14 (Legal) ○ 11 x 17 (Tabloid) ○ Other __________________________________________________________

PAPER TYPE: ○ Plain ○ Card/Heavyweight ○ Transparency ○ NCR (Carbonless) ○ NCR (Carbonless) # of Parts: ____________ ○ Other __________________________________________________________

PAPER COLOR: ○ White ○ Other (Color(s): __________________________)

FINISHING:
○ 3-hole Punch
○ Staple (Indicate one) ○ Laminate
○ Cutting
○ Collate
○ Slipsheet Separate
○ Folding (Indicate one) ○ In Half ○ Tri-fold ○ Z-fold ○ Other: ___________________ Final Folded Size: ____________________

○ Binding (Indicate one) ○ Comb ○ Coil ○ Tape ○ Other __________________________

Covers:  Front: ○ Clear ○ Frosted ○ Black ○ Navy Blue ○ Cardstock (Color: ________________)

Back: ○ Clear ○ Frosted ○ Black ○ Navy Blue ○ Cardstock (Color: ________________)

*SPECIAL INSTRUCTIONS: __________________________________________________________

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**Our FedEx Office contact:**
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1.781.780.7432

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1.617.414.2679

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Black & white pricing applies to 8 ½” x 11” FedEx Office standard weight white bond paper. Color pricing applies to 8 ½” x 11” FedEx Office standard weight white laser paper. Pricing for 11” x 17” paper is double the pricing above. Pricing and discounts do not apply to outsourced products or services, delivery charges, office supplies, notary services, shipping services, inkjet cartridges, equipment rental, conference room rental, Sony® PictureStation®, gift certificates, specialty papers, custom calendars, holiday promotion greeting cards, postage, DocStore® fees, videoconferencing, or services that may be offered in the future but are not available as of the date of this agreement. Services at hotel or convention locations are not eligible for pricing or discounts. Pickup and delivery services, where available, may be subject to delivery fees and to limitations on distance as established by FedEx Office and individual FedEx Office® Print and Ship Center locations from time to time.