

## Work Order Request Form Directed Online

Please submit your project specifications, delivery instructions and payment type on the form below

Directed will provide a proof, estimate, schedule and coordinate delivery with your team

Directed will invoice the project accordingly via credit card or on account once completed

### PERSONAL INFORMATION (\*Required)

Your name\*:

Today's date:

Entity\*:

Department\*:

Unit/team

Phone\*:

e.g. Corp Comms, Planning, etc.

E-mail\*:

Department code:

### ORDER AND CLIENT/DEAL INFORMATION

Order name:

Deadline:

Date

Time

/ / :

For front office requester, please populate corresponding client and/or deal information below.

Client code:

Client name:

Deal code:

Deal name:

### ORDER DETAILS

Order type:

Internal presentation

External presentation

QTY

Tabs

Appendix

Paper size:

8.5×11 (Letter)

8.5×14 (Legal)

11×17 (Ledger)

5.5×8.5

6x9

12×18

13×19

Mailing Type:

1st Class

Standard

Color:

Full color

B&W

Data:

Excel File attached

CSV File Attached

Quantity:

No. of pages/slides:

Number of sides:

1-Sided

2-Sided

Cover Weight

(80#)

(100#)

(120#)

(130#)

Paper weight:

(20#)

(24#)

(28#)

Text Weight

(80#)

(100#)

Stapling:

(Saddle)

(UpperLeft)

\_\_\_\_\_ Binding Type

Finishing:

Lam:

(Gloss)

(Silk)

(Soft Touch)

\_\_\_\_\_ Paper Type - Brand

Lam:

1-Sided

2-Sided

Comments:



*"The Best in Business Practice"*

## PROOF SIGN OFF

Round 1 proof:      Approved                      Yes                      No

Comments:

Round 2 proof:      Approved                      Yes                      No

Comments:

Proof sign off:

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Delivery Instructions

Ship to:

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Email

\_\_\_\_\_  
Contact Number

## PAYMENT TYPE

(AMEX) (VISA) (MASTERCARD) (DISCOVER) CARD 1

*We can split charges between 2 cards if required*

Credit Card

Name on Card

Billing Address

\_\_\_\_\_

\_\_\_\_\_

Credit Card #

Expiration Date

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
CCV (3 Digits) 4 Digits AMEX

\_\_\_\_\_  
Approver initials

\_\_\_\_\_  
Authorized Charge Amount not to exceed

(AMEX) (VISA) (MASTERCARD) (DISCOVER) CARD 2

Credit Card

Name on Card

Billing Address

\_\_\_\_\_

\_\_\_\_\_

Credit Card #

Expiration Date

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
CCV (3 Digits) 4 Digits AMEX

\_\_\_\_\_  
Approver initials

\_\_\_\_\_  
Authorized Charge Amount not to exceed

