

JOB DATE	<input type="text"/>
DATE NEEDED	<input type="text"/>
TIME NEEDED	<input type="text"/>

Duplication Order Form

JOB INFORMATION: P.O. # or REF #

NAME: COMPANY:

ADDRESS: CITY

STATE & ZIP: PHONE # FAX #

SPECIAL INSTRUCTIONS

LABELS:

DESC:

VIDEO

Original Format:	Original Count	Number of Copies	Output Format:
<input type="text"/>	<input type="text"/>	X <input type="text"/>	<input type="text"/>

Original Format:	Original Count	Number of Copies	Output Format:
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AUDIO

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AV's Invoice #