



WESTSIDE TOWERS
 11835 Olympic Blvd. #145E
 LA, CA 90064
(310) 575-6640
 fax **(310) 575-4411**

OTHER COPYPAGE STORES

Twin Towers - 2029 Century Park East, Retail Level, Los Angeles, CA. 90067 (310) 226-8640
Fox Plaza - 2121 Avenue of the Stars, Retail Level, Los Angeles, CA. 90067 (310) 203-0404
Sun America - 1999 Avenue of the Stars, Suite 100C, Los Angeles, CA. 90067 (310) 788-8601
Water Garden - 2450 Colorado Ave., Suite 1007 W, Santa Monica, CA. 90404 (310) 453-3600
Imaging/Repository - 11801 Mississippi Ave., Suite 150, Los Angeles, CA. 90025 (310) 575-3809
Bunkerhill - 330 South Hope St., Los Angeles, CA. 90071 (213) 617-4040
865 Fig. - 865 South Figueroa St., Suite 103, Los Angeles, CA. 90017 (213) 439-9656
Dupont Centre - 2301 Dupont Drive, Suite 110, Irvine, CA. 92612 (949) 477-0160
Jamboree Center - 4 Park Plaza, Suite #150, Irvine, CA. 92614 (949) 222-0050

Company:	Date In:	Time:
Attention:	Date Due:	Time:
Address:	Order Taken By:	
City / Zip:	Phone:	Job # WS
Billing information:	Delivery Yes <input type="checkbox"/> No <input type="checkbox"/>	
	To:	

Copies per	Finishing Instructions:	Original	Copy	<input type="checkbox"/> Enlarge / Reduce
Original: _____	Original <input type="checkbox"/>	Copy <input type="checkbox"/>	<input type="checkbox"/> Velo-bind	to: _____ <input checked="" type="checkbox"/> X
Output:	<input type="checkbox"/> As Is	<input type="checkbox"/> Staple	<input type="checkbox"/> Comb-bind	<input type="checkbox"/> Foam/Gator/Other _____
<input type="checkbox"/> As Original	<input type="checkbox"/> Two-Hole Punch	<input type="checkbox"/> Three Hole Punch	<input type="checkbox"/> Tape-bind	<input type="checkbox"/> Gloss/Matt
<input type="checkbox"/> One Sided	<input type="checkbox"/> Trim to: _____	<input type="checkbox"/> Uncollated	<input type="checkbox"/> Wire-O	<input type="checkbox"/> Freefloat _____
<input type="checkbox"/> Two Sided			<input type="checkbox"/> Other:	<input type="checkbox"/> Color Copies
<input type="checkbox"/> Signature Book				Print from file:
				<input type="checkbox"/> IBM <input type="checkbox"/> MAC
				<input type="checkbox"/> Postcript

Comments / Special Instructions

Billing Detail Description	# of Originals	Quantity	Total	Unit Price	Extension
Sub Total				\$	_____
Tax				\$	_____
Total				\$	_____

Received by: _____ **Date:** _____