

ARTWORK SUBMISSION FORM



JOY OF PRINTING

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JOB NO. \_\_\_\_\_

CLIENT INFORMATION

CLIENT NAME \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

FAX \_\_\_\_\_

E-MAIL \_\_\_\_\_

JOB DESCRIPTION

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NOTE: Image Resolution needs to be at least 300ppi

JOB SENT BY  CD  ELECTRONIC TRANSFER

SPECIAL INSTRUCTIONS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SHIPPING INFORMATION (IF DIFFERENT THAN CLIENT INFORMATION ABOVE)

NAME \_\_\_\_\_

COMPANY \_\_\_\_\_

ADDRESS \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

CITY \_\_\_\_\_

PHONE \_\_\_\_\_

JOB INFORMATION

DATE \_\_\_\_\_

FILE INFORMATION

FILE NAME (S) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NUMBER OF PAGES \_\_\_\_\_

PLATFORM  MAC  PC

APPLICATIONS USED \_\_\_\_\_ VERSION \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

LIST FONTS USED

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ELECTRONIC JOB TRANSFER

FILE SENT VIA:

E-MAIL  FTP UPLOAD

NAME OF FILE SENT \_\_\_\_\_

\_\_\_\_\_

DATE AND TIME FILE SENT \_\_\_\_\_

\_\_\_\_\_

FAX THIS FORM AND A COPY OF YOUR LAYOUT TO:

JOY OF PRINTING
707-632-9144

MAKE BACK-UP COPIES OF ANY DISCS YOU SUPPLY
AS WE CANNOT GUARANTEE RETURN OF ORIGINALS.