

Order Form			
Please include this completed form	with your design files	S.	
COMPANY NAME		PHONE NUMBER	
CONTACT FIRST NAME	CONTACT LA	AST NAME	
Delivery Information ————			
STREET ADDRESS		FLOOR/UNIT NUMBER	
CITY	STATE	ZIP CODE	
Design Requirements ————			
Check!:		Choose One:	
Artwork must be vector		☐ Create a repeating pattern. Your logo may be cut	
.2" of bleed all around		off at edges.	
.25 " clear space at top and bottom for plate setup		 Create a placed design. If you are ordering multiple sheets this will require the setup of 	
☐ Provide PMS color numbers		a printing plate for each. These orders will be charged as individual orders per sheet.	
50% Payment sent to Format	cum		

Dropbox We prefer to receive files via our Dropbox account: orders@formaticum.com



Sheet #1 —		
FILE NAME	SHEET DIMENSIONS	QUANTITY (# OF BOXES)
CONTACT FOR DIGITAL PROOF	EMAIL ADDRESS	
CONTACT FOR DIGITAL PROOF	EMAIL ADDRESS	
PMS# PMS# PMS#	PMS# PMS#	
Sheet #2 —		
FILE NAME	SHEET DIMENSIONS	QUANTITY (# OF BOXES)
CONTACT FOR DIGITAL PROOF	EMAIL ADDRESS	
PMS# PMS# PMS#	PMS# PMS#	