

**PERSONAL PRINTING SERVICES 1-800-743-6939**

1231 Market Circle Unit 3 & 4 Port Charlotte, FL 33953

**CUSTOMER PAYMENT INFORMATION FORM**



DATE OF ORDER: \_\_\_\_\_

COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ FAX: \_\_\_\_\_

**PRINT ORDER INFORMATION**

QUANTITY: \_\_\_\_\_ PAPER: \_\_\_\_\_ INKS: \_\_\_\_\_ #PAGES: \_\_\_\_\_

FLAT SIZE: \_\_\_\_\_ FOLD SIZE: COST: \_\_\_\_\_

HARD COPY PROOF OVERNIGHTED  PDF PROOF VIA E-MAIL

SHIP TO: (COMPANY NAME) \_\_\_\_\_

COMMERCIAL ADDRESS: \_\_\_\_\_

IS BLIND SHIPMENT NEEDED? PLEASE CHECK  YES  NO

HOW IS JOB TO BE PROVIDED? PLEASE CHECK  DISK  ELECTRONIC FILE

DESCRIPTIONS / INSTRUCTIONS: \_\_\_\_\_

**TOTAL PAYMENT DUE WITH ORDER**

I have enclosed my check or money order payable to: Personal Printing Service, LLC. For the amount of \$ \_\_\_\_\_ \$35.00 Returned Check Fee for Any Returned Check(s).

I authorize Personal Printing Service, LLC to charge \$ \_\_\_\_\_  
to my:  VISA  MASTER CARD  AMERICAN EXPRESS  DISCOVER

ACCT # \_\_\_\_\_

VERIFICATION CODE# \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

SIGNATURE \_\_\_\_\_ 3 DIGIT CARD SECURITY CODE \_\_\_\_\_

Check All That Apply:  
**MAC Platform**  
 PageMaker up to 7.0  
 InDesign up to CS2+

**Supporting Files:**  
 Illustrator up to CS3+  
 Freehand 9.0+  
 Photoshop up to CS3+\*

Check All That Apply:  
**PC Platform**  
 QuarkXpress up to 6.5  
 PageMaker up to 7.0  
 InDesign up to CS3+  
**Supporting Files:**  
 Illustrator up to CS3+  
 Corel up to 12+  
 Photoshop up to CS3+

+ All Illustrator, Corel, and Freehand files must be exported and saved as EPS files and brought into either a Quark, InDesign, or a PageMaker document.

\* Photoshop files should be a minimum of 300 dpi at 1 to 1.

PERSONAL PRINTING SERVICE FAX NUMBER: 941-743-6511