

SCAN ORDER FORM

3276 Yukon Street,
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Tel: 604.719 2979

Rabid Imaging



Job #: _____
PO #: _____
Customer : _____

1 SERVICE	2 CUSTOMER INFORMATION	7 SHIPPING														
<input type="checkbox"/> RUSH 100% premium <input type="checkbox"/> STANDARD 8hr turnaround	Date in: _____ Time In: _____ Company Name: _____ Address: _____ email: _____ PST #: _____ <input type="checkbox"/> Please call me should any problem arise with my order. I understand that this may cause a delay in turnaround if I am unavailable at the time of the call.	Date required: _____ Time required: _____ Contact: _____ Phone (Day): _____ Fax: _____ Phone (Evening): _____ Don't call after: _____														
3 ORIGINALS SUPPLIED	4 TECHNICAL INFORMATION															
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:10%;"></th> <th style="width:10%;">Qty.</th> </tr> <tr> <td>Transparency</td> <td></td> </tr> <tr> <td>35mm slide</td> <td></td> </tr> <tr> <td>Print</td> <td></td> </tr> <tr> <td>Negative</td> <td></td> </tr> <tr> <td>Rescreen</td> <td></td> </tr> <tr> <td>Other</td> <td></td> </tr> </table>		Qty.	Transparency		35mm slide		Print		Negative		Rescreen		Other		Save file as : <input type="checkbox"/> EPS <input type="checkbox"/> TIFF <input type="checkbox"/> JPEG <input type="checkbox"/> OTHER _____ Paper Stock: <input type="checkbox"/> Coated <input type="checkbox"/> Uncoated <input type="checkbox"/> Newsprint Scan for : <input type="checkbox"/> Web Offset <input type="checkbox"/> Sheetfed <input type="checkbox"/> Laser <input type="checkbox"/> Poster	
	Qty.															
Transparency																
35mm slide																
Print																
Negative																
Rescreen																
Other																
	<input type="checkbox"/> Call when ready <input type="checkbox"/> Call courier <input type="checkbox"/> Separate media/invoice from job <input type="checkbox"/> Rabid courier <input type="checkbox"/> Client courier Phone: _____ Account: _____ Service: _____ Ship to: _____ Address: _____ Postal code: _____ Phone #: _____ Contact: _____															

5 SCAN REQUIREMENTS		Width x Height or % increase	Lineart	Grayscale	RGB	CMYK	I-Scan	Additional Instructions	File Size <small>(Internal use only)</small>
	Scan name								
1									
2									
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5									
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14									

6 SPECIAL INSTRUCTIONS	Tech Time _____
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Liability: It is the customers responsibility to check all supplied product. Any grievance must be brought to the attention of Rabid within 15 days of invoice date.
 Copyright information: All material provided for scanning is unencumbered by copyrights. Rabid's customer must have all rights to reproduce the supplied materials. Rabid will adjust to match the original as closely as possible however the customer must recognise that it is sometimes impossible to exactly duplicate some colours found in film emulsions or brighteners used in paints and inks. We undertake to provide a reasonable facsimile according to current industry standards.

March 2005