



BUSINESS DOCUMENT SOLUTIONS, INC.  
www.bdsva.com

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Fax: 757-390-4439

**CUSTOMER ORDER FORM**

Date \_\_\_\_\_ **Account #:** \_\_\_\_\_  
Sold To: \_\_\_\_\_  
\_\_\_\_\_  
Phone # \_\_\_\_\_

P.O. Number \_\_\_\_\_  
Job Number \_\_\_\_\_  
Job Name \_\_\_\_\_  
Date Due \_\_\_\_\_ Time Due \_\_\_\_\_  
Customer Contact \_\_\_\_\_

**SMALL FORMAT BLACK & WHITE COPIES**

COPYING DUPLICATING	NUMBER OF COPIES	DESCRIPTION		
8 1/2 X 11		<input type="checkbox"/> SINGLE-SIDED	<input type="checkbox"/> DOUBLE-SIDED	
8 1/2 X 14		<input type="checkbox"/> SINGLE-SIDED	<input type="checkbox"/> DOUBLE-SIDED	
11 X 17		<input type="checkbox"/> SINGLE-SIDED	<input type="checkbox"/> DOUBLE-SIDED	
COVERS		COLOR _____		
CLEAR COVERS		<input type="checkbox"/> FRONT	<input type="checkbox"/> BACK	<input type="checkbox"/> BOTH
COLORED PAPER		COLOR _____		
BINDING		Other: _____		

**SMALL FORMAT COLOR COPIES**

COPYING DUPLICATING	NUMBER OF COPIES	DESCRIPTION		
8 1/2 X 11		<input type="checkbox"/> SINGLE-SIDED	<input type="checkbox"/> DOUBLE-SIDED	
8 1/2 X 14		<input type="checkbox"/> SINGLE-SIDED	<input type="checkbox"/> DOUBLE-SIDED	
11 X 17		<input type="checkbox"/> SINGLE-SIDED	<input type="checkbox"/> DOUBLE-SIDED	
COVERS		<input type="checkbox"/> FRONT	<input type="checkbox"/> BACK	<input type="checkbox"/> BOTH
CLEAR COVERS		<input type="checkbox"/> FRONT	<input type="checkbox"/> BACK	<input type="checkbox"/> BOTH
OTHER				
BINDING		Other: _____		

**BINDING**

Tabs \_\_\_\_\_  
Custom \_\_\_\_\_ Mylar \_\_\_\_\_ Plain \_\_\_\_\_ Number \_\_\_\_\_ Alpha \_\_\_\_\_  
\_\_\_\_\_ 3-Hole Drill \_\_\_\_\_ Velo \_\_\_\_\_ Stapling \_\_\_\_\_ ACCO  
\_\_\_\_\_ Screwpost \_\_\_\_\_ Coil \_\_\_\_\_ GBC \_\_\_\_\_ Wire-O \_\_\_\_\_ Tape  
\_\_\_\_\_ 3 Ring Binders \_\_\_\_\_ Shrink Wrap \_\_\_\_\_ Saddle Stitch  
\_\_\_\_\_ Size of Binder \_\_\_\_\_ Place in Binder \_\_\_\_\_ Fold  
\_\_\_\_\_ Color of Binder \_\_\_\_\_ BLK \_\_\_\_\_ White

**LARGE FORMAT BLACK & WHITE COPYING**

LARGE DOCUMENT COPYING	NUMBER OF COPIES	DESCRIPTION		
BOND		<input type="checkbox"/> 50%	<input type="checkbox"/> 100%	<input type="checkbox"/> OTHER _____
VELLUM		<input type="checkbox"/> 50%	<input type="checkbox"/> 100%	<input type="checkbox"/> OTHER _____
MYLAR		<input type="checkbox"/> 50%	<input type="checkbox"/> 100%	<input type="checkbox"/> OTHER _____
<b>Bind:</b> Yes _____ No _____				

**OVERSIZE COLOR/FINISHING**

Original Hard Copy \_\_\_\_\_ CD \_\_\_\_\_ E-Transfer \_\_\_\_\_  
File Name \_\_\_\_\_  
FileType \_\_\_\_\_  
# of originals \_\_\_\_\_ # of copies required \_\_\_\_\_  
Trim Size \_\_\_\_\_  
Media Type: Bond \_\_\_\_\_ Gloss \_\_\_\_\_  
Semi Gloss \_\_\_\_\_ Other \_\_\_\_\_  
Lamination: \_\_\_\_\_  
Encapsulation: \_\_\_\_\_

Drymount: Foamcore \_\_\_\_\_  
Trim Size \_\_\_\_\_  
**Backing:** 10 mil \_\_\_\_\_  
Grommets \_\_\_\_\_ Easel \_\_\_\_\_  
**Other Requirements** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SCANNING**

Color  Black/White  Both  
Small Format Scan \_\_\_\_\_ Large Format Scan \_\_\_\_\_  
Scan to  Tiff  PDF  OCR  Other \_\_\_\_\_  
PDF  Bookmarks  Indexing  File Naming  
Save as  CD  DVD  Other \_\_\_\_\_  
CD Label \_\_\_\_\_  
Email to: \_\_\_\_\_

**DELIVERY**

Delivery Contact: \_\_\_\_\_  
Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_

**SEND YOUR FILES ELECTRONICALLY TO: Digital@bdsva.com**

**SPECIAL INSTRUCTIONS**

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

Save or Archive Job for future printing  Delivery  Wait  Pick-Up  Ship Out