

ArtScans Studio, Inc.

11924 West Jefferson Blvd. Suite A, Culver City, CA 90230 ~ Phone (310) 313-3000 ~ Fax (310) 313-3302

Request for Scans ~ *Please Submit with Artwork*

Client's Name: _____ **Phone:** _____

Address: _____ **Fax:** _____

_____ **Email:** _____

Title	Artist	Capture texture? eg: Y	B&W/ Color eg: C	Output Paper Stock eg: Canvas	Artwork Dimensions eg: 22x30	Output Dimensions eg: 22x30	Output DPI eg: 360

Printing Company: _____ **Contact:** _____ **Phone:** _____

Shipping Instructions:

Shipper: (check one) FedEx: _____ UPS: _____ Courier: _____ Other: _____ Pick up in person: _____

Method: (check one) Overnight: _____ 2-Day: _____ Ground: _____ Other: _____

Insurance Amount: \$ _____

Special Handling: _____

CA Resale Number: _____

OFFICE USE ONLY

Artwork received by: _____ Date: _____

Artwork delivered to: _____ Date: _____

<p style="text-align: center;">Packaging Notes</p> <p>Package Length: _____ Width: _____ Height: _____ Package Weight: _____ lbs</p>	<p style="text-align: center;">Special Instructions:</p> <hr style="border: 1px solid red;"/> <hr style="border: 1px solid red;"/>
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Location of A/W _____ # of CDs _____ Invoice # _____