

# Reorder/Remake Form



1314 S Broadway  
De Pere, WI 54115  
800-362-6678

Date Shipped	Date Received	Date Due	
Orig Order Date	Invoice Number	Pro Shots Order	
Client Name	Rush Chg	Reorder <b>100%</b>	Redo <b>NC</b>

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_

**Please return the original work order, KMI invoice, prints, negative and/or CD.**

<b>Missing:</b> SR/CE Prints Logo Mt Sp/Ct CD						<b>Modify:</b> Crop Color SR/CE Die Cut			
Pose	Print Size/Qty	SR/CE	Mount	Sp/Ct	Special Instructions				

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