Art/Cliche Order

rev 3 7/25/01

Corporate Office:
475 North Gary Ave.
Carol Stream, IL 60188-4900
Telephone: 630/752-4000
Plate Services Fax: 630/752-4472

Bill To Customer:

Company: _____
Address: _____
City, St, Zip: _____
Contact: _____
Phone#: _____
Fax#: _____
Date Required: _____

Ship To Customer:

Company: _____
Address: _____
City, ST, Zip: _____
Attn: _____
Ship Via: _____
Shipping Acct# _____

Purchase Order Number _____

YES NO
Have you been Quoted? ☐ ☐ If yes, please reference Quote #_____ and /or Trans Tech contact_____

Product Information

(CHECK APPROPRIATE BOXES)

☐ Film Only ☐ Cliche Only
☐ Film and Cliche ☐ *Film with cliche borders supplied by customer*
☐ *Repeat TTA #* _____

Please Write

Cliche/Film Size _____ mm x _____ mm
Please note cliche or film quantity _____

Cliche Type (CHECK ONE)

☐ Normal Steel ☐ Drum ☐ Polymer
☐ Special Steel ☐ Thin Steel ☐ Hydrofoil
☐ Stainless Steel ☐ Express 3 ☐ Thin Hydrofoil
☐ Double Sided Steel

Source of Plate Material (CHECK ONE)

☐ Material Supplied by TTA
☐ Re-etch on etched cliche
☐ Blank cliche sent by customer with order
☐ Material owned by customer but stored at Trans Tech

Etch Depth (CHECK ONE)

☐ Standard ☐ Special Depth _____

Artwork Information

Artwork sent to Trans Tech Via:

(CHECK ONE AND FILL IN BLANK)

☐ Fax ☐ Shipment _____
☐ Email ☐ Other _____

Artwork Instructions

(CHECK APPROPRIATE BOXES)

☐ Create Artwork/layout from supplied:
☐ *Drawing* ☐ *Film*
☐ *Part/Plate* ☐ *Other* _____

☐ Revise/Reference Exsisting artwork on file
TTA# _____

☐ Add Customer Part # or identification to edge of Film/Cliche _____

Answer each question

YES NO
☐ ☐ Distort and test print artwork
☐ ☐ Screen/angle art to prevent doctor blade dipping
☐ ☐ Second surface printing
☐ ☐ Center image in cup
☐ ☐ Return all customer supplied product

Artwork Approval (CHECK ONE)

☐ Send Films for approval ☐ Approval of art not required
☐ Fax films for approval ☐ Other _____

Additional Comments

_____
_____
_____
_____
_____

Layout Sketch *(mandatory rough sketch showing dimensions, orientation, angles and any other necessary info. Attach another page if nesessary.)*

TO BE FILLED IN BY TRANS TECH

CUSTOMER# _____ *SALES ORDER#* _____ *WORK ORDER #* _____ *DATE ENTERED:* _____