

# DIGITAL PHOTOCOPY ORDER FORM

School: \_\_\_\_\_

Dept: \_\_\_\_\_

Name: \_\_\_\_\_

Contact No.:(O) \_\_\_\_\_ (H/P) \_\_\_\_\_

Titles: \_\_\_\_\_

Date required: \_\_\_\_\_

Quantity required: \_\_\_\_\_

Single sided  Double sided

Binding required :  Yes  No

Ring-bind  Tape bind

Saddle stitched (stapled at centre)  Staple at top left hand corner

To be sorted into classes: (please state quantity per class)


Other requests and comments

---

---

---

---

---

**OzPrint Services**

**Tel : (65) 6743 7001**

**(65) 6749 4718**

Fax : (65) 6743 0032