



# SoA Print Order Form

*(Please complete at time of order)*

**NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

*(For new customers / revisions only)*

**PHONE:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

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## Customer Receipt of Pickup

Customer accepts that files are printed as they are submitted, and SoA Print is not responsible for customer errors. Customer acknowledges receipt and responsibility of completed print order and declares prints free from damage.

*(Please sign and date upon receipt of prints)*

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

