

## WORK ORDER

Enter your name, your company name, phone and address.	<b>Your Name:</b> _____	<b>Phone:</b> (    ) _____
	<b>Company Name:</b> _____	<b>Fax:</b> (    ) _____
	<b>Company Address:</b> _____	<b>Cell:</b> (    ) _____
	<b>City, State, Zip:</b> _____	<b>Email:</b> _____

Enter name and address, as it will appear on the finished drawings. Enter name of person to contact to enter building.

**Tenant's name or Vacant:** \_\_\_\_\_

**Property Address:** \_\_\_\_\_

**Suite(s) #:** \_\_\_\_\_ **City:** \_\_\_\_\_

**Approx. Sq. Ft.:** \_\_\_\_\_  Retail  Industrial  Office  Other \_\_\_\_\_

Contact to enter property: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

Copies will be sent to you at your office unless noted.

<b>Deliver finished prints / artwork to:</b>	<b>Invoice made out to:</b>
<input type="checkbox"/> My Office, address indicated above	<input type="checkbox"/> My Company, addressed as above
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____
_____	_____
_____	_____
_____	_____

Invoice will be made out to your company unless noted at far right.

<b>SERVICES(S) REQUESTED:</b>	<input type="checkbox"/> Measured Drawings	<input type="checkbox"/> Construction Documents
<input type="checkbox"/> Space Plan	<input type="checkbox"/> Area Calculations	<input type="checkbox"/> Other

Drawings need approval by \_\_\_\_\_ prior to printing.

No approval is needed prior to printing.

Obsolete drawings available. (Indicate if they need to be returned.)

No obsolete drawings available.

\_\_\_\_\_ Number of blueline / xerox copies are needed.

<input type="checkbox"/> <b>STANDARD</b> turnaround time (base fees apply)
<input type="checkbox"/> <b>RUSH</b> immediate turnaround time (Additional fees apply)

**REMARKS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<b>Authorized By:</b> _____ <b>Date:</b> _____	Signature on this document shall serve as contract between client and Gensburg Ltd. for services rendered on above property only. The fully executed agreement will be faxed or mailed back to you to evidence the agreement of the parties. Billing for all services shall be per current fee schedule as returned with confirmation. Client is responsible for attorneys fees incurred in collecting unpaid balances. For additional work order forms or copies of current fee schedule call our office. For fastest service this form may be sent to us as a FAX.
Client Signature indicates responsibility for fees unless other arrangements are approved	
_____	
Print name and title of person authorizing this work order	
Received & Accepted by: _____	
Sara E. F. Gensburg, Ltd.	