

March 2004

1 COORDINATES (* must be filled) **Customer number**

Company name *	E-mail		
Sender name* of the order.	Téléphone* of sender extension		
Authorized representative* To send reports and Invoices	Fax* of authorized representative.		
Customer référence or P.O.	Document(s) will get to us by:	E-mail	Fax
	List(s) will get to us by:	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

2 CUSTOMIZING THE BROADCAST

From / De 30 characters maximum, including spaces

To / A
 CONTACT field (default) COMPANY field OTHERS

3 E-MAIL SECTION

OBJECT :	(REPLY adress)
	(ERRORS adress)
TEXT <input type="checkbox"/> FILE ATTACHED <input type="checkbox"/> HTML <input type="checkbox"/>	(FROM adress)

4 BROADCAST COORDINATES*

Number of page(s) 8.5 / 11 inch 8.5 / 14 inch others: TOTAL of page(s) to transmit

List #	mode			JOB START					VIAFAX		
	urgent	day	night	day	month	year	time				
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

REMARKS :