

## **ONLINE FORMS PROCESSING GUIDE**

1. Website: <u>https://acentria.myprintdesk.net</u>. First time users will need to Click on LOGIN:

| A HOME  | 👟 CONTACT US 💿 HELP 📂 ENGLISH (UNITED STATES) - 👱 LOOIN   |
|---|---|
| Image   | Search Product Q, Yr (9) +  |
| SHOP BY CATEGORY  | Poster  |
| View All  |   |
| Stationary  | Logo<br>Departing & Contact<br>Departing & Contact<br>D |
|   | ATURED CATEGORIES   |
|   | attonery  |
| Powered by EFI MarketDirect StoreFront v<br>© 2004-2021 Electronics For Imaging, Inc. | 0.0.25322 Terms & Conditions<br>EFI Productivity Suite 🔿  |

- 2. Click on New User? Register
- <u>New Accounts will be required to complete all \* Profile Fields</u>: The Address fields should be completed with Agency Address. Profile Field Phone 1 = Main telephone line of the agency. Phone 2 = Direct telephone. Once complete Click on Submit

| CREATE AN ACCOUNT                | * State/Province/Region   |
|----------------------------------|---|
| Contact Information * First Name | Title 2 (optional field)  |
| *Last Name                       | Account Information * User Name                                 |
| * Email                          | Inclane * Password  |
| Phone Number 1                   | Reenter Password  |
| Phone Number 2                   | * Secret Question   |
| Fax Number                       | What high school dia you graduate from?  Security Answer        |
| Title                            | * Enter the code shown helow                                    |
| Company                          |   |
| HX5 * Address Line 1             | Qov V 9 c   |
|                                  | By clicking the Bubmit button and upper to Terms and Conditions |
| Address Line 2                   | Submit Cancel   |

4. On Home screen Click Stationery→Browse Business Cards



5. Click on item to order: Then Click on Buy Now



6. Complete fields as required/applicable on the Left of the form: Job Name: (i.e., Agents Name, Agency) & Quantity

- 7. Many of the fields will automatically pull from the Agent's Profile Information required fields (i.e., Name, Title, Main Telephone, Direct Telephone, Cell/Mobile Telephone, Business Address, Email Address)
- 8. Complete fields of optional items (i.e., Cell Telephone number) if desired. Delete prefilled text in fields not used.



9. Once complete add item to the cart:

10. Once the item is added the following screen appears: Click Ok



- 11. It will give you the following preview screen. MAKE SURE YOU REVIEW ALL INFORMATION FOR ACCURACY.
- 12. Once Reviewed for Accuracy → Click Add to Cart and I Agree in the Right lower hand screen

| Business Card Horizontal   |  |  | S Edit in Fullscreen | Q Review My Job | 🕜 Help | X Close          |
|--|--|--|----------------------|-----------------|--------|------------------|
| Business Card Horizontal       Image: Sand Horizontal       Image: Sand Horizontal       * Job Name       * Job Name       * Cuantity       * Cuantity       * 20       Print Options       Special Instructions | ×<br>•   |  | • eat in Fullecreen  | Q Review My Job | ♥ Help | × Close          |
|  |  | Tester Tester         Title 2         800.867.5309 @ 800.867.5309 P         TTester@Acentria.com @         www.Acentria.com @         4634 Gulfstarr Drive // Destin, FL 32541 P |                      |                 |        |                  |
|  | Unit Price \$2.10 Total Price \$25.14            | M M 1/2 N M B  |                      | s               | Q Q    | 100% Ndd to Cart |
|  | I have carefully review<br>responsible for desig | wed and approve this job. The producer of this job will not<br>In or spelling errors.  | be held              | _               |        |                  |



🖌 I Agree

| Insurance  | Search Product                    | Q          |         | ₿ (I) ♥  |
|--|-----------------------------------|------------|---------|--|
| ART  |                                   |            |         |  |
| Products   | Quantity                          | Unit Price | Total   | Subtotal: 025.1  |
| Test Tester<br>Item Name: Business Card Horizontal | 250 V<br>Save for later<br>Remove | \$0.10     | \$25.14 | Taxes:         \$1.7           Total:         \$26.90                          |
|  |                                   |            |         | Proceed to checkout to view final order total, includin taxes, fees, shipping. |
| CLEAR CART   |                                   |            |         | PROCEED TO CHECKOUT  |
|  |                                   |            | ß       |  |
|  |                                   |            |         |  |
|  |                                   |            |         |  |
|  |                                   |            |         |  |

14. If Proceed to Checkout → Select a Shipping Address & Shipping Option (Fed Ex Ground). Click Save at bottom of Shipping screen. Then Proceed to Payment

|   |  | · Chy:  |   |
|---|--|---|---|
| 2<br>Posera Payment<br>Select a shipping address & shipping options | 1 -<br>Free  | Country.<br>United States •<br>* State Province/Region:<br>FL - Forlids • |   |
| SHIPHENT 1 Frieslest a signer type. Defen                           | Products           Test Treater           Item Name: Business Card Horizontal           0y         User Neis           255         05.10           255         05.10 | * 22p Pisata Code:<br>234<br>Pisare Number 1:<br>8122222194               |   |
| Addina Advantada Advantada Festaram Pestar                          | Subtotal: \$25.14<br>Shipping: \$0.00<br>Taxes: \$1.76   | Company:<br>Acentia Insurance<br>Email:<br>TTeste@Acentia.com             |   |
| Address Line 1:<br>4644 Guiltarz Dine<br>Address Line 2:            | Total: \$26.90 Price subject to change.  | Delvey instructions   |   |
| Address Line 3:   |  | Barre to My Address Book  |   |
| Destin<br>Country:<br>United States                                 |  | You must clock save to proceed with checkout.                             |   |
| * State/Province/Region:  |  | CUNTINUE SHOPPing   | - |

15. Add PO Number or Billing Reference and then Place My Order:

|                               | 2       |   |
|-------------------------------|---------|---|
| lipping                       | Payment |   |
| low would you like to pay?    |         |   |
| PAYMENT METHOD                |         | Products  |
| Please select a payment type. |         | Test Tester   |
| PO Number                     |         | Item Name: Business Card Horizontal<br>Oty Unit Price |
| PO NUMBER                     |         | 250 \$0.10  |
| * Office Location / City:     |         | Subtotal  |
|                               |         | Shipping  |
|                               |         | Taxes:  |
|                               | 13      | Total: \$2  |
|                               |         | Price subject to change.                              |
|                               |         |   |

16. Submitter of Order: *If there are questions about formatting or placement of the fields DO NOT PLACE THE ORDER. Contact Image Printing 850.244.3380. Once the order is placed it automatically goes to print.*