

REQUEST A QUOTE



CONTACT

Customer Name: _____

Company Name: _____

Address: _____

City/ST/Zip: _____

Telephone: () _____

Fax: () _____

Email: _____

Date: _____

Date Required: _____

Best Time to Contact: _____

Best Way to Contact: _____

PROJECT

Title: _____

Quantities:

Finished Size: x (2nd dimension binding edge)

Flat Size: x

No. of pages: Plus Cover Self Cover

Comments:

PREPRESS

Camera Ready Art Furnished

Composite Film Furnished

Desktop Disk - Program and Version: _____ Mac PC

Media Furnished: _____

Halftones: Yes No

On Disk: Yes No

If yes, Approximate Number:

Duotones: Yes No

On Disk: Yes No

If yes, Approximate Number:

Color Separations: Yes No

On Disk: Yes No

If yes, Approximate Number:

Proofs: Blueline Composite Color Proof

PRESS WORK

COVER Stock: _____

Ink Colors Side 1: _____

Bleeds: Yes No

Side 2: _____

TEXT Stock: _____

Ink Colors Side 1: _____

Bleeds: Yes No

Side 2: _____

BINDERY

Score Die cut Perforate

Saddle Stitch

Trim

Perfect Bind

Fold

Case Bind (Smyth Sewn) Headbands

End sheet Material: Plain White Other: _____

Foil Stamp: Gold or Silver Other: _____ Stamp on: Front Spine

Film Laminate: _____ Gloss Matte 1 side 2 sides

Shrink wrap in _____/pkg. Carton pack 40lb or less 200 test cartons