

Customer Information

Company Name: _____ Date Submitted: ___/___/___
Contact Name: _____ Quote Due Date: ___/___/___
Address: _____ Return by: ___ fax ___ phone ___ mail
City: _____ St: _____ Zip: _____ ___ email _____
Phone#: _____ Fax#: _____ Best time to contact: ___ Morning ___ Evening

Project Information (Full Color)

___ New Project ___ Reprint ___ Reprint w/changes Paper Stock (100# gloss, 80# gloss, matte, etc.): _____
Quantity(s): _____
Project Type (postcard, bizcard, letterhead, brochure, etc.): _____ Paper Color (if applicable): _____
_____ Ink Process: 4/0 4/1 4/2 4/4
Flat size: _____ Finished size: _____
of Pages: _____ Bleeds: ___ Y ___ N #of edges: _____

Project Information (Stationery)

___ New Project ___ Reprint ___ Reprint w/changes Paper Stock (linen, laid, concept fibre, #1 Bond, etc.): _____
Quantity(s): _____ Paper Color (if applicable): _____
Project Type (letterhead, business cards, envelopes, etc): _____ Ink Process: ___ 1 ink ___ 2 inks ___ Foil
_____ ___ PANTONE ___ Custom Ink
Flat size: _____ Finished size: _____ ___ Flat Print ___ Thermographed (raised ink)
of Pages: _____ Bleeds: ___ Y ___ N #of edges: _____

Special Requirements/Services

___ Collating ___ Hole Drilling ___ Folding ___ Binding ___ Varnishing ___ Perforating ___ Cutting ___ Scoring ___ Other

Artwork Specifications

___ Camera Ready Artwork Supplied by Customer Sending artwork by: ___ Email ___ CD-Rom
Design/Layout Needed? ___ Yes ___ No If design/layout service needed - ___ single sided ___ double sided

Use this box to describe your project, product not covered above or for additional instructions.