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Phone (517) 372-0268 • FAX (517) 372-4922

REQUEST FOR QUOTE

DATE _____ CONTACT _____ PHONE _____
CALL BACK DATE: _____ E-MAIL _____ FAX _____

CUSTOMER _____
ADDRESS _____

JOB DESCRIPTION _____

 NEW
 EXACT REPEAT
 REPEAT w/COPY CHANGE
 REPEAT w/SPEC CHANGE

QUANTITY _____ OLD # _____

FLAT SIZE _____ FINISHED SIZE _____ NO. OF PAGES _____

PRINTS *COVER* — 1 SIDE 2 SIDES *TEXT* — 1 SIDE 2 SIDES

INK _____

STOCK *COVER* _____

TEXT _____

ALT. STOCK *COVER* _____

TEXT _____

FILM COMP: TIME DISC _____ MAC PC
 BRD to Specify _____ PROGRAM _____
 Other: _____ **FONTS & GRAPHIC FILES MUST BE INCLUDED ON DISC**

BLEEDS YES NO
 COVER TEXT

PROOFING
 B&W LASER
 LOW RESOLUTION COLOR
 GRAYSCALE MOCKUP
 DIGITAL INKJET MATCHPRINT
 SILVERPRINT from FILM
 OTHER

COVERAGE
 LIGHT
 MEDIUM
 HEAVY

SCANS
 LINE ART _____ @ _____
 HALFTONE _____ @ _____
 COLOR _____ @ _____

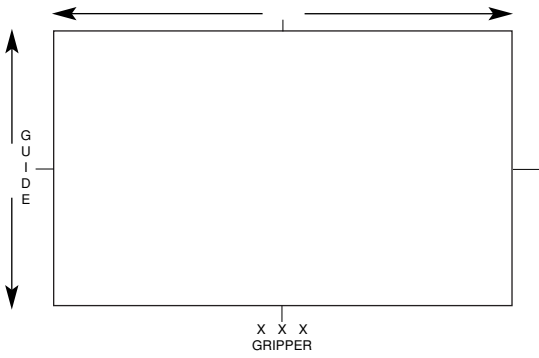
SAVE FILE AS _____
TO CUSTOMER DISK
 BRD DISK: CD ZIP
 E-MAIL TO CUSTOMER

BINDERY INSTRUCTIONS _____

FLAT TRIM _____
 FOLD _____
 SADDLESTITCH _____
 COIL BIND _____
 PLASTIC _____
 WIRE _____
 PERF _____
 PAD _____

ADDITIONAL INFORMATION

DELIVERY _____



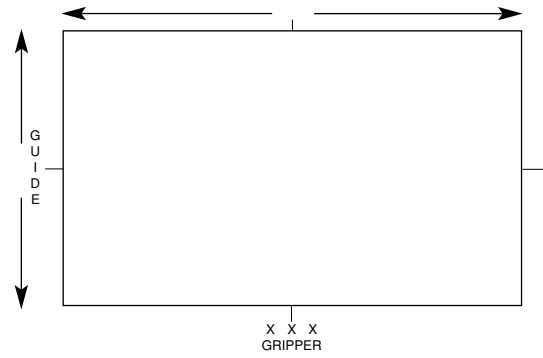
PARENT SHEET: _____

PRESS SHEET: _____

PRESS: _____ # Up _____

COLORS: Side 1 _____ Side 2 _____

1/S WORK AND TURN TUMBLE BACK



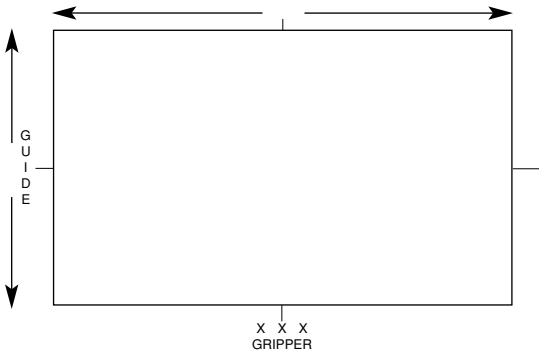
PARENT SHEET: _____

PRESS SHEET: _____

PRESS: _____ # Up _____

COLORS: Side 1 _____ Side 2 _____

1/S WORK AND TURN TUMBLE BACK



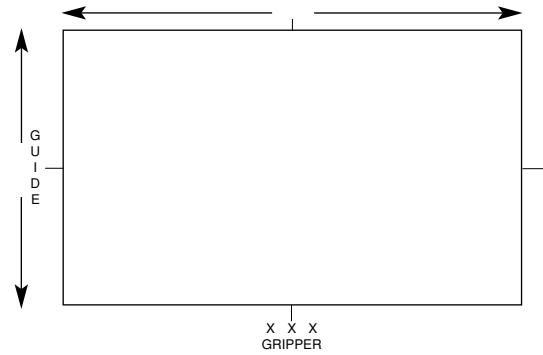
PARENT SHEET: _____

PRESS SHEET: _____

PRESS: _____ # Up _____

COLORS: Side 1 _____ Side 2 _____

1/S WORK AND TURN TUMBLE BACK



PARENT SHEET: _____

PRESS SHEET: _____

PRESS: _____ # Up _____

COLORS: Side 1 _____ Side 2 _____

1/S WORK AND TURN TUMBLE BACK

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