



REQUEST FOR QUOTE

DATE _____ QUOTE DUE _____

CONTACT _____ REP _____

PHONE _____ E-MAIL _____

CUSTOMER _____

ADDRESS _____

DESCRIPTION _____

- PRODUCTION CHOICE
- DIGITAL OFFSET
- SPECIALTY / PROMO
- OTHER

- NEW
- EXACT REPRINT
- REPRINT w/COPY CHANGE
- REPRINT w/SPEC CHANGE
- OLD JOB #

QUANTITY _____

FLAT SIZE _____ FINAL SIZE _____ PAGES _____

SELF COVER + COVER

COVER STOCK _____

TEXT STOCK _____

PrePress

- FILE SUPPLIED COMP TIME REQUIRED / NOTES: _____
- DIGITAL PRESS PROOF L/R COLOR GRAYSCALE EPSON COLOR B&W LASER PDF IMPO PDF EMAIL/WEB PDF H/R PRINT

SIDE 1
SIDE 2

COVER INK COATING BLEEDS COVERAGE: LIGHT MEDIUM HEAVY

- CMYK GLOSS SATIN YES NO
- BLACK FLOOD SPOT

- CMYK GLOSS SATIN YES NO
- BLACK FLOOD SPOT

SIDE 1
SIDE 2

TEXT INK COATING BLEEDS COVERAGE: LIGHT MEDIUM HEAVY

- CMYK GLOSS SATIN YES NO
- BLACK FLOOD SPOT

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- BLACK FLOOD SPOT

BINDERY

- FLAT TRIM SCORE COIL BIND PAD in _____'s MAILING SERVICES
- FOLD PERF WIRE BIND SHRINK in _____'s
- SADDLEBIND PERFECTBIND GBC BIND R. BAND in _____'s

NOTES & IMPORTANT DETAILS

DELIVERY

DUE DATE