



QUOTE REQUEST or **JOB ORDER**

Designer: _____

Client/Customer Name: _____

Billing Address: _____

Phone: _____ Fax: _____ Cell: _____

Email Address: _____

Project Name: _____

Date Supplied: _____ Date Due: _____

Proof Required: YES NO

Type of Proof: B/W Digital Blueline Color Proof PDF

File Name: _____ Software: _____

Fonts: Supplied Needed Graphic Files: Supplied Needed

Quantity: _____

Flat Size: _____ Finished Size: _____

Ink Colors: _____

Sides: 1 2 Bleed(s): None 1 2 3 All Sides

Paper: _____

Composition: _____

Bindery Details:

Die Cutting: _____ Drilling: _____

Folding: _____ Numbering: Begin w/No. _____

Padding: _____ sheets per pad Perforating: _____

Scoring: _____ Shrink Wrapping/Packaging: _____

Delivery/Shipping Information: _____

