



CONTACT _____ EMAIL _____ DATE REQUEST SUBMITTED _____ AM
 CUSTOMER _____ PHONE _____ DATE ESTIMATE WANTED _____ PM
 QUANTITY _____ FAX _____ SALESPERSON _____
 DESCRIPTION _____ NEW EXACT REPEAT REPEAT W/CHANGES
 _____ PICKUPS FROM JOB# _____
 _____ SHOWCASE SIMILAR TO EST. # _____

	Undersize OK <input type="checkbox"/>	DESCRIPTION Horizontal x Vertical	Basis Wt.	Color	STOCK Name or Grade	Finish	Book or Cover	No Subs
1		PG. COVER OPEN FLAT SIZE X : FINAL SIZE X						<input type="checkbox"/>
2		Pages X : X						<input type="checkbox"/>
3		Sheets X : X						<input type="checkbox"/>
4								<input type="checkbox"/>

		SIDE 1				SIDE 2						
FORM			A-BLACK B-PROCESS C-PMS D-METALLIC E-PRE-SYSTEM F-WAX FREE	VARNISH 1-FULL GLOSS 2-FULL DULL 3-SPOT GLOSS 4-SPOT DULL 5-U.V. COAT 6-LAMINATE	BLEEDS TOP BOTTOM LEFT RIGHT ALL		% INK COVERAGE	A-BLACK B-PROCESS C-PMS D-METALLIC E-PRE-SYSTEM F-WAX FREE	VARNISH 1-FULL GLOSS 2-FULL DULL 3-SPOT GLOSS 4-SPOT DULL 5-U.V. COAT 6-LAMINATE	BLEEDS TOP BOTTOM LEFT RIGHT ALL	IF PMS COLOR IS SAME ON BOTH SIDES, INDICATE Y-YES N-NO	PRESS
1-COVER 2-TEXT 3-OTHER	NO. OF COLORS	% INK COVERAGE										
	/											
	/											
	/											

PREPRESS	SPECIAL INSTRUCTIONS	BINDERY
SUPPLIED: FILM <input type="checkbox"/> DISK <input type="checkbox"/> CRA <input type="checkbox"/> MATCHPRINT <input type="checkbox"/> COLORKEY <input type="checkbox"/> SAMPLE <input type="checkbox"/> ITEK <input type="checkbox"/> CTP <input type="checkbox"/> LASERS <input type="checkbox"/> FILM <input type="checkbox"/> NO TRAPPING <input type="checkbox"/> ADDITIONAL PRODUCTION TIME _____ OTHER: _____ _____ _____ _____ SCANNING REQUIRED QTY FINAL SIZE FLAT/ DRUM COLOR B/W _____ <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/>		FLAT SIZE _____ FINAL _____ FOLD TYPE _____ COLLATE <input type="checkbox"/> INSERT <input type="checkbox"/> _____ PIECES CORNER STITCH <input type="checkbox"/> DELIVER FLAT <input type="checkbox"/> SADDLESTITCH <input type="checkbox"/> PERFECT BIND <input type="checkbox"/> WIRE-O <input type="checkbox"/> PLASTIKOIL <input type="checkbox"/> _____"EDGE PERFORATE <input type="checkbox"/> RT ANGLE <input type="checkbox"/> MICRO <input type="checkbox"/> COMBO <input type="checkbox"/> DIE SCORE <input type="checkbox"/> FOLDER/ROLLEM SCORE <input type="checkbox"/> OTHER _____ NUMBER <input type="checkbox"/> W/NO <input type="checkbox"/> RED <input type="checkbox"/> BLACK <input type="checkbox"/> EMBOSS <input type="checkbox"/> SIZE OF EMBOSS _____ x _____ FOIL STAMP <input type="checkbox"/> SIZE OF STAMP _____ x _____ REGISTERS WITH PRINTING: YES <input type="checkbox"/> NO <input type="checkbox"/> DIE CUT <input type="checkbox"/> KISS CUT <input type="checkbox"/> GLUE <input type="checkbox"/> NEW DIE <input type="checkbox"/> STANDING DIE <input type="checkbox"/> RETOOL DIE <input type="checkbox"/> POCKET FOLDER: # OF POCKETS _____ SIZE _____ PAD IN _____'S @ TOP <input type="checkbox"/> BOTTOM <input type="checkbox"/> SIDE <input type="checkbox"/> DRILL _____ HOLES STANDARD <input type="checkbox"/> SPECIAL <input type="checkbox"/>
		PACKAGING WRAP IN _____'S BOX IN _____'S SHRINK _____'S STRING TIE _____'S SKID PACK <input type="checkbox"/> BULK CARTON <input type="checkbox"/> DELIVER TO: _____ MULT <input type="checkbox"/> VIA _____ STORE @ SOS <input type="checkbox"/>
PROOF: IRIS <input type="checkbox"/> 43 WIDE <input type="checkbox"/> SPECTRUM <input type="checkbox"/> LASER <input type="checkbox"/> PRESS CHECK <input type="checkbox"/>		

SALESPERSON'S NOTES: