

CUSTOMER _____ DATE _____ QUOTE # _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

YES NO FAX # _____ PHONE # _____ COUNTY _____ SALESPERSON _____ CONTACT _____

JOB DESCRIPTION _____

QUANTITY(S) _____

TRIM SIZE _____ BLEED CHOP CUT

FOLD TO _____

OF PAGES _____ PLUS COVER SELF COVER

DATE QUOTE NEEDED _____ PREVIOUS TICKET # _____ SIMILAR QUOTE # _____

NEW RERUN
 NEW CUSTOMER RERUN W/CHANGES

NUMBER OF COLORS	COVER Front _____		Back _____	
	BODY Front _____		Back _____	
	<input type="checkbox"/> PROCESS <input type="checkbox"/> PMS <input type="checkbox"/> UV <input type="checkbox"/> SPECIAL ORDER INKS			
	VARNISH OR AQUEOUS <input type="checkbox"/> OVERALL <input type="checkbox"/> SPOT <input type="checkbox"/> UV <input type="checkbox"/> OVERALL <input type="checkbox"/> SPOT <input type="checkbox"/> UV			

ART	<input type="checkbox"/> COMPOSITE FILM W/PROOF FURN.			
	LAYOUT/DESIGN	WE DO FURNISHED		
	TYPESETTING	WE DO FURNISHED		
	CAMERA-READY KEYLINE	WE DO FURNISHED		
	DISK	KEYLINE ONLY	WE DO TRAPPING COMPLETE	
		MAC	TRUE	YES
	IBM	TYPE FONTS	NO	
	SOFTWARE			

PRESS	PRESS	COLORS	PRESS OKAY
			#UP /#OUT

COLOR	TRANSPARENCIES	
	REFLECTIVE	
	<input type="checkbox"/> OUTLINING OR SPECIAL MASKING REQUIRED	<input type="checkbox"/> MUST MAKE TRANSPARENCY
STRIPPING	LINE NEGATIVES	OUTLINE RECT.
	HALFTONES	OUTLINE RECT.
	DUOTONES/TRIPLETONES	OUTLINE RECT.
	STRIPPING	

BINDERY	<input type="checkbox"/> DIE CUTTING #	<input type="checkbox"/> TRIM
	<input type="checkbox"/> SCORE	<input type="checkbox"/> FOLD
	<input type="checkbox"/> PERFORATE	<input type="checkbox"/> STITCH
	<input type="checkbox"/> SHRINK WRAP/POLYBAG	<input type="checkbox"/> DRILL _____ AMT.
	<input type="checkbox"/> COUNTING EXACT	<input type="checkbox"/> BAND
	<input type="checkbox"/> COUNTING STAB	<input type="checkbox"/> COLLATE
	<input type="checkbox"/> SPECIAL BINDERY OPERATIONS:	

PROOFS	<input type="checkbox"/> DUPONT B&W <input type="checkbox"/> DUPONT COLOR
	<input type="checkbox"/> COLOR KEY <input type="checkbox"/> DYLUX <input type="checkbox"/> GANG <input type="checkbox"/> MATCHPRINT

SHIPPING	FREIGHT INFORMATION: F.O.B. E.C. _____ DESTINATION _____
	_____ SW _____
	_____ SW _____
	_____ SW _____
	_____ SW _____
	_____ SW _____

TOTAL PREP CHARGES														AMOUNT OF OVERS: _____ %	
PLATES	151	492	492	362	362	404	404	404	408	408	408	408	601		602
WORK & TURN															
WORK & BACK															
WORK & FLOP															

PAPER	SIZE & STOCK DESCRIPTION	MAX.	WT/M	COST/M

FINAL QUOTE	

Estimator _____ Date _____