

**Request for Quotation**

Customer # \_\_\_\_\_ Date \_\_\_\_\_

Salesperson \_\_\_\_\_

Customer: \_\_\_\_\_

Contact Name \_\_\_\_\_

Address: \_\_\_\_\_

Tel.: \_\_\_\_\_ Fax \_\_\_\_\_

\_\_\_\_\_

Date Quote Required \_\_\_\_\_

City: \_\_\_\_\_ Postal Code \_\_\_\_\_

In Writing  Telephone Quotation

	Quantity			Description	Open Size	Finished Size
	Option I	Option II	Option III			
A)					X	X
B)					X	X
C)					X	X

Number of Pages \_\_\_\_\_  Cover  Self Cover  Photos (#) \_\_\_\_\_ Run Together  Yes  No

Registration  Normal

Close

Process

**Typesetting**

- Rerun No Change
- Camera Ready Copy Supplied
- Artwork Supplied / Negs.
- Set / Make Changes

- Disk Supplied
- Mac  PC
- Software \_\_\_\_\_
- Version \_\_\_\_\_

Additional Instructions \_\_\_\_\_

**Stock / Ink**

A)  
 Black  Colour  1 2 3 4 \_\_\_\_\_ Reverse  Yes  No Ink Coverage   min. \_\_\_\_\_ %  
 Black  Colour  1 2 3 4 \_\_\_\_\_ Bleeds  Yes  No Plates   Metal  Itek

B)  
 Black  Colour  1 2 3 4 \_\_\_\_\_ Reverse  Yes  No Ink Coverage   min. \_\_\_\_\_ %  
 Black  Colour  1 2 3 4 \_\_\_\_\_ Bleeds  Yes  No Plates   Metal  Itek

C)  
 Black  Colour  1 2 3 4 \_\_\_\_\_ Reverse  Yes  No Ink Coverage   min. \_\_\_\_\_ %  
 Black  Colour  1 2 3 4 \_\_\_\_\_ Bleeds  Yes  No Plates   Metal  Itek

**Bindery**

- FOLD  SADDLESTITCH  CERLOX  INSPECT  BUSINESS CARD BOXES
- COLLATE  SIDESTITCH  SPIRAL  DIE CUT  SHRINK WRAP
- PERFECT BIND  TOP LEFT STITCH  PERFORATE  FOIL STAMP
- PAD \_\_\_\_\_/pad  BAND IN SETS  SCORE  BLIND EMBOSS  NUMBER \_\_\_\_\_ TO \_\_\_\_\_
- L.H. BOXES  DRILL \_\_\_\_\_/HOLES  ROUND CORNER

**Price**

	Option I	Option II	Option III
A)	\$ _____	\$ _____	\$ _____
B)	\$ _____	\$ _____	\$ _____
C)	\$ _____	\$ _____	\$ _____

Commission \_\_\_\_\_ %

**Additional Instructions / Comments**

\_\_\_\_\_