



ESTIMATE REQUEST

DATE _____

ESTIMATE NEW ORDER EXACT REORDER REORDER WITH CHANGES

The following contact information is required for order placement.

CONTACT INFORMATION

Company Name _____ Contact Name _____

Phone _____ Email _____

BILLING ADDRESS

Name _____

E-mail _____ Phone _____

Address _____

City _____ State _____ Zip _____

DELIVERY ADDRESS Same as billing address

Address _____

City _____ State _____ Zip _____

NOTES

PROJECT INFORMATION

Description:

Quantity(s) _____

Size _____ Flat _____ Folded _____

No. of Pages _____ Bleeds Yes No

Paper _____ Color _____

Ink/Coatings _____

Proof Type: Email PDF Hi Res Lo Res

PREPRESS INFORMATION

File Submitted: ProPrint Create Email FTP On Disk

General Upload Rampage Remote Camera Ready

Other: _____

Notes: _____

File Type: PDF (Print Ready)

InDesign Photoshop Illustrator Quark

(Extra charges may apply to the following)

MS Word MS Excel MS PowerPt. MS Publisher

Other: _____

BINDERY INFORMATION

Score: _____

Perf: _____

Collate: _____

Die Cut: NEW House UP# _____

Padding: Top Left # Per Pad _____ Chipboard

Stitch: Location: _____

Drill: # _____ Location: _____

Numbering: Start No. _____ End No. _____

Location on Piece: _____

Other: _____

Special Notes: _____

MAILING INFORMATION

Tabbing: # of Tabs: _____ Color _____

Location on Piece: _____

Permit No: _____ Pre-Printed Imprint

Type: Presort Standard Presort Nonprofit First Class

National Change of Address in Past 94 days? Yes No

POSTAGE:

Collate: _____

Match: _____

Stuff & Seal: _____

Direct Impression Addresses: _____

Special Notes: _____