

Request for Estimate Job/P.O. # _____

Salesperson: _____ CSR: _____

Growll: _____

Quote: Wholesale _____ % Retail _____ %

Previous Job # _____ Previous Estimate # _____

Quote Due: _____ New Estimate # _____

Proof Due: _____ Job Due: _____

In Planning:

Customer Information

Customer ID # _____ Customer _____ Contact _____

Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____ Email _____

Job Information

Project Title: _____ Quantity: _____

Description: _____

Notes: _____ Allowable Overs + _____ % Unders - _____ %

Prepress

Files: Scans: Furnished Design/Set Hours _____ Proofs: PDF Laser Indigo Digi 43 Wide Integris IRIS

Scans: 4c HT Line Art Notes: _____

Segment One

Segment Type: _____ # Pages: _____ = # Sheets: _____ Flat Size: _____ x _____ Finished Size: _____ x _____ Bleeds: _____

Stock: WT _____ Type _____ Brand _____ Color _____ Press Check

Ink: _____ / _____ 4CP Black PMS Coverage: _____ Coating: _____ Varnish: _____

Ink on Spine: _____ Press: _____ Notes: _____

Segment Two

Segment Type: _____ # Pages: _____ = # Sheets: _____ Flat Size: _____ x _____ Finished Size: _____ x _____ Bleeds: _____

Stock: WT _____ Type _____ Brand _____ Color _____ Press Check

Ink: _____ / _____ 4CP Black PMS Coverage: _____ Coating: _____ Varnish: _____

Ink on Spine: _____ Press: _____ Notes: _____

Segment Three

Segment Type: _____ # Pages: _____ = # Sheets: _____ Flat Size: _____ x _____ Finished Size: _____ x _____ Bleeds: _____

Stock: WT _____ Type _____ Brand _____ Color _____ Press Check

Ink: _____ / _____ 4CP Black PMS Coverage: _____ Coating: _____ Varnish: _____

Ink on Spine: _____ Press: _____ Notes: _____

Bindery

Fold Perf _____ Score Collate Drill _____ Saddlestitch Perfect Bind

Coil _____ GBC _____ WireO _____ Other _____

Pad _____ 's NCR Pad Shrinkwrap _____ 's Unmarked Boxes Kit Packs/Fulfillment Bulk Pack

Special Instructions: _____

Outside Services

Diecut Perf/Score UV Sides 1 2 Other _____

Emboss -Register Yes No Size: _____ Foil Stamp Color: _____ Size _____

Notes: _____

Mail Services

Quantity: _____ Inkjet Digital Print Insert # Pieces _____ Tab 1 2 3

Special Instructions: _____

Delivery/Shipping Instructions

Local Delivery Fulfillment

Sales Delivery Customer Pickup

FOB