

DATE _____ NEW

REPEAT EXACT CHANGE

OLD JOB # _____

QUOTE SHEET

CONTACT _____

COMPANY NAME _____

PHONE # _____ FAX # _____

CONTINUOUS

MICRO-SET

LASER

SIZE _____ X _____ OVERALL INCLUDING PINFEEDS

OF PARTS _____ PAPER STOCK & COLOR (IF 1 PART) _____

STANDARD WEIGHTS? YES NO _____

COLOR SEQUENCE? YES NO _____

DO ALL PARTS PRINT THE SAME? YES NO
1. 2. 3. 4. BACKER

INK COLORS _____

BACK PRINTING? YES NO BACK OF HOW MANY PARTS? _____

DOES BACK PRINTING SAME COLOR AS FRONT? YES NO

EXTRA PERFS? YES NO: HORIZONTAL VERTICAL

IF HORIZONTAL — WHAT PARTS? _____

HOW FAR FROM TOP OF FORM? _____

HOLE PUNCHING? YES NO IF YES, WHERE? T, B, L, R

WHAT PARTS? _____

BLOCKOUTS? YES NO WHAT PARTS? _____

WHAT COLOR? _____

MARGINAL WORDS? YES NO

NUMBERING? YES NO HOW MANY POSITIONS _____

QUANTITY					
PRICE					