



ESTIMATE FORM

Critical dates specified by customer.
Files to printer: \_\_\_\_\_
Due Date: \_\_\_\_\_
Completion date: \_\_\_\_\_

Date Sent: \_\_\_\_\_
Customer Name \_\_\_\_\_
Contact \_\_\_\_\_
Address \_\_\_\_\_
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
Phone \_\_\_\_\_ Fax \_\_\_\_\_
E-Mail \_\_\_\_\_

Job Title \_\_\_\_\_
[ ] New Order [ ] Straight Reprint [ ] Reprint w/Changes

Number of Pages \_\_\_\_\_

How are we receiving the Job? [ ] Disk [ ] FTP [ ] Email

How many colors/inks? \_\_\_\_\_

Bleed? [ ] Yes [ ] No

Aqueous? [ ] Yes [ ] No Varnish? [ ] Yes [ ] No

Paper Stock \_\_\_\_\_

Quantities \_\_\_\_\_

Flat Size \_\_\_\_\_

Finished Size \_\_\_\_\_

Bindery Options
[ ] Fold [ ] Perf [ ] Score [ ] Drill [ ] 1-hole
[ ] Saddle Stitch [ ] Perfect Bind [ ] Die Cut [ ] 3-hole
[ ] 5-hole
Flood UV
[ ] 1-side [ ] 2-side
Hole Size \_\_\_\_\_

Special Notes:

Where did you hear about us?: [ ] Friend/Family [ ] Internet [ ] Radio [ ] Magazine/Newspaper
[ ] Other \_\_\_\_\_