REQUEST FOR QUOTE - FORMS

DISTRIBUTOR: CONTACT:

FAX NO:

TYPE *(PICK ONE)*

- CONTINUOUS ☐
- UNIT - SET ☐
- CUT SHEET ☐
- ☐

OVERALL SIZE _____ X _____

NUMBER OF PARTS: _____ NCR ☐

LOCKUP? ☐ **YES** ☐ **NO** BOND ☐

PAPER COLORS **WEIGHTS**

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

NUMBER OF INK COLOR(S) _____

FACE ☐ BLACK ☐ STD ☐ PMS ☐ CRITICAL COLOR

NUMBER OF INK COLOR(S) _____

BACK ☐ BLACK ☐ STD ☐ PMS ☐ CRITICAL COLOR

BACKER ON ALL PLYS? ☐ **YES** ☐ **NO**

FACE PLATE CHANGES? ☐ **YES** ☐ **NO** HOW MANY? _____

BACKER PLATE CHANGES? ☐ **YES** ☐ **NO** HOW MANY? _____

LINE HOLE OK/SNAP? ☐ **YES** ☐ **NO**

PADDING? ☐ **YES** ☐ **NO** QTY. PER PAD _____

CELLO WRAP FACTORY OPTION _____ SPECIAL QTY? _____

QTY:	PRICE:
QTY:	PRICE:
QTY:	PRICE:
QTY:	PRICE:
QTY:	PRICE:
QTY:	PRICE:

QUOTE: _____

CONTACT: _____

SPECIAL INSTRUCTIONS:

MARGINAL WORDS? ☐ YES ☐ NO

NUMBERING? ☐ PRESS ☐ CRASH

PUNCHING? ☐ YES ☐ NO

HOW MANY HOLES? _____ SIZE _____

EXTRA PERFS? ☐ YES ☐ NO

PARA _____ PERP _____

GLUE? ☐ YES ☐ NO

HOW MANY? _____

BOOKING? ☐ WAC ☐ TRIAD

QUANTITY PER BOOK _____

- for office to respond

Portland, Oregon DIRECT FAX NUMBER Oregon (503) 287-9960 National (800) 343-5848