

BLOCK® REQUEST FOR QUOTE - FORMS

DISTRIBUTOR: FAX NO:	С	ONTACT:		
TYPE CONTINU		QTY:	PRICE:	
TYPE CONTINUUNIT - SE CUT SHE		QTY:	PRICE:	
		QTY:	PRICE:	
		QTY:	PRICE:	
OVERALL SIZE		QTY:	PRICE:	
	X	QTY:	PRICE:	
NUMBER OF PARTS:	— NCR □	QUOTE: _		
LOCKUP? YES NO	BOND \square	QOOTE: _		
PAPER COLORS	WEIGHTS	CONTACT:_	CONTACT:	
		SPECIAL INSTR	RUCTIONS:	
NUMBER OF INK COLOR(S)		OD		
BLACK LISID L	J PMS LI CRITICAL COL	MARGINAL WO	ORDS? YES NO	
NUMBER OF INK COLOR(S)	NUMBERING?	☐ PRESS ☐ CRASH		
BACK BLACK STD PMS CRITICAL COLOR BACKER ON ALL PLYS? YES NO		OR PUNCHING?	PUNCHING? YES NO	
		HOW MANY HO	HOW MANY HOLES?SIZE	
FACE PLATE CHANGES? YES	EXTRA PERFS			
BACKER PLATE CHANGES? YES		PARA PERP		
LINE HOLE OK/SNAP?		GLUE? YES NO HOW MANY?		
PADDING? YES NO		□ WAC □ TRIAD		
CELLO WRAP FACTORY OPTION SPECIAL QTY?			BOOK	