



Please Print & Fax to 876-5743

CUSTOMER: _____ **DATE** _____

CONTACT NAME: _____ **FORM#/INV.#:** _____

PHONE: _____ **BEST TIME TO CALL:** _____

FAX: _____ **E-MAIL:** _____

JOB DESCRIPTION: _____

STOCK: _____

ACTUAL SIZE: _____ **SINGLE SIDED** **DOUBLE SIDED**

TOTAL QUANTITIES:

INK COLOR(S): 1st Side _____ 2nd Side _____

Will you be providing - Camera Ready Artwork Film Digital File Rough Sketch

TYPESETTING NEEDED Yes No **PASTE UP NEEDED** Yes No

PROOFING **COMPUTER PRINT OUT** **BLUE LINE** **COLOR PROOF** **COLOR KEY PROOF**
PRESS PROOF **PRESS CHECK**

BINDERY
TRIM TO _____

FOLD TO _____ **X** _____ **Will you provide sample?** Yes No

SCORE **DRILL: 2 HOLE** **3 HOLE** **Other** _____ **PERFORATE:**

NUMBER 1X **2X** **Other** _____

PAD **in** _____ **COLLATE** **BIND:** **STAPLE:**

PACKAGE:

OTHER (i.e. die cut, conversion, etc.) _____

MAILREADY

Do you have an existing mailing list? yes no **Are you looking to saturate a particular area?** yes no

Approx. amount to mail:

Please provide a brief description of piece to mail.