



912 W. ST. JOSEPH • LANSING, MI 48915-1694
PHONE (517) 372-0268 • FAX (517) 372-4922

REQUEST FOR QUOTE

DATE _____ CONTACT _____ PHONE _____
CALL BACK DATE: _____ E-MAIL _____ FAX _____

CUSTOMER _____
ADDRESS _____

JOB DESCRIPTION _____

_____ NEW
 EXACT REPEAT
 REPEAT w/COPY CHANGE
 REPEAT w/SPEC CHANGE

QUANTITY _____ OLD # _____

FLAT SIZE _____ FINISHED SIZE _____ NO. OF PAGES _____

PRINTS *COVER* — 1 SIDE 2 SIDES *TEXT* — 1 SIDE 2 SIDES

INK _____

STOCK *COVER* _____

TEXT _____

ALT. STOCK *COVER* _____

TEXT _____

FILM COMP: TIME _____ DISC _____ MAC PC
 BRD to Specify _____ PROGRAM _____
 Other: _____ **FONTS & GRAPHIC FILES MUST BE INCLUDED ON DISC**

BLEEDS YES NO
 COVER TEXT

PROOFING
 B&W LASER
 LOW RESOLUTION COLOR
 GRAYSCALE MOCKUP
 DIGITAL INKJET MATCHPRINT
 SILVERPRINT from FILM
 OTHER

SCANS
 LINE ART _____ @ _____
 HALFTONE _____ @ _____
 COLOR _____ @ _____

COVERAGE
 LIGHT
 MEDIUM
 HEAVY

SAVE FILE AS _____
TO CUSTOMER DISK
 BRD DISK: CD ZIP
 E-MAIL TO CUSTOMER

BINDERY INSTRUCTIONS _____
 FLAT TRIM _____
 FOLD _____
 SADDLESTITCH _____
 COIL BIND _____
 PLASTIC _____
 WIRE _____
 PERF _____
 PAD _____

DELIVERY _____

ADDITIONAL INFORMATION

