

PRINTING ESTIMATE REQUEST

Date & Time In: _____ Date & Time Requested: _____

Sales Executive: _____ Sheetfed Web Brokerage

Customer Account Number: _____ Agency? Gross Net

Customer Name: _____

Customer Contact: _____ Phone Number: _____ Fax Number: _____

Customer Address: _____ E-Mail Address: _____

Broker, Name of Job _____

Job Information					
Job Description: _____					
Previous Job Number: _____		<input type="checkbox"/> Pick-Up Standing Negatives <input type="checkbox"/> Standing with Changes			
Materials Due Date: _____		Delivery Due Date: _____		<input type="checkbox"/> RUSH: Required Turn-Around: _____	
Delivery	<input type="checkbox"/> Local	<input type="checkbox"/> HPC Mailing	<input type="checkbox"/> Storage, How Many Months? _____		
	<input type="checkbox"/> Ship To: _____				
	<input type="checkbox"/> Surface	<input type="checkbox"/> Straight Air	<input type="checkbox"/> Delayed Air: _____	Days _____	<input type="checkbox"/> Door To Door
Number of Copies: _____			Additional Copies: _____		
Page Size: _____	Number of Pages: _____		Cover (Plus/Self): _____		
Flat Size: _____	Folded Size: _____		<input type="checkbox"/> Deliver Flat <input type="checkbox"/> Deliver Folded		
Folding Layout: _____					

PrePress					
<input type="checkbox"/> Furnished Negatives	<input type="checkbox"/> Pages in Printer's Spreads	<input type="checkbox"/> Pages in Reader's Spreads	<input type="checkbox"/> Composite / Loose Sets	<input type="checkbox"/> Composite / Plate-Ready	
<input type="checkbox"/> Outside Typesetting	<input type="checkbox"/> Translation Required	<input type="checkbox"/> Translation Not required	Language: _____		
<input type="checkbox"/> Camera-Ready Art Furnished	<input type="checkbox"/> Straight Line	Number of Overlays _____	Veloxes, Number: _____	Size: _____	
<input type="checkbox"/> Straight Output	<input type="checkbox"/> With Changes	<input type="checkbox"/> Mac OS <input type="checkbox"/> Windows	Application / Version: _____		
Design / Composition	Number of Pages	Hours Per Page	Remarks		
<input type="checkbox"/> Creative Design					
<input type="checkbox"/> Composition (Layout)					
<input type="checkbox"/> Typing / Editing					
<input type="checkbox"/> Image Manipulation					

Scanning / Negatives			
Quantity	Size	Type	Made From

Proofs: Digital Imposition Digital Contract Loose Contract Thumbnail Blueline Waterproof

Extra Proofs: _____ Ship Proofs Via: _____

Stock & Ink				
Basis Weight	Color	Grade	Ink, Side 1	Ink, Side 2

Envelope					
Size	Basis Weight	Color	Grade	Ink Face	Ink <input type="checkbox"/> Flap <input type="checkbox"/> Back

Press Check: All Forms or Only:

Production Difficulty	
<input type="checkbox"/> Bleeds: Number of Sides: <input type="checkbox"/> Screens <input type="checkbox"/> Reverses	
Ink Coverage: <input type="checkbox"/> Solid <input type="checkbox"/> Heavy <input type="checkbox"/> Average <input type="checkbox"/> Light	Registration: <input type="checkbox"/> Close <input type="checkbox"/> Average <input type="checkbox"/> Simple
<input type="checkbox"/> Dummy Provided	

Bindery	
<input type="checkbox"/> Saddle Stitch <input type="checkbox"/> Side Stitch <input type="checkbox"/> Number of Stitches: on inch side	
<input type="checkbox"/> Perfect Bind: on inch side	
<input type="checkbox"/> Wire-o <input type="checkbox"/> Comb <input type="checkbox"/> Spiral: on inch side	
Diameter: Color:	
<input type="checkbox"/> Fold & Glue Pockets: How Many Pockets? <input type="checkbox"/> With Tabs <input type="checkbox"/> No Tabs	
<input type="checkbox"/> Double Scores? <input type="checkbox"/> Boxed Pockets? How Many Tabs?	
<input type="checkbox"/> Diecut <input type="checkbox"/> Standing Die <input type="checkbox"/> Make New Die (please furnish rough sketch) →	
<input type="checkbox"/> Foil Stamp <input type="checkbox"/> Standing Die <input type="checkbox"/> Make New Die — Area: " x "	
<input type="checkbox"/> Emboss <input type="checkbox"/> Standing Die <input type="checkbox"/> Make New Die — Area: " x "	
<input type="checkbox"/> Score Vertical: Full Partial Horizontal: Full Partial	
<input type="checkbox"/> Perforate Vertical: Full Partial Horizontal: Full Partial	
<input type="checkbox"/> Drill Holes Quantity Diameter " Center to center at	
<input type="checkbox"/> Round Corners Quantity Which ones	
<input type="checkbox"/> Numbering Number of positions Missing Numbers <input type="checkbox"/> OK <input type="checkbox"/> Not OK	
<input type="checkbox"/> Pad <input type="checkbox"/> Fanapart: In pads of To a pad, on side <input type="checkbox"/> Backing?	
<input type="checkbox"/> Lamination: Mil. <input type="checkbox"/> Clear <input type="checkbox"/> Matte <input type="checkbox"/> Overhang: <input type="checkbox"/> Flush Cut	
<input type="checkbox"/> Other:	

Packing	
<input type="checkbox"/> Carton Pack 40# Carton <input type="checkbox"/> Carton Pack Small Carton <input type="checkbox"/> Skid Pack <input type="checkbox"/> Poster Pack (Kraftwrap + Custom Carton Pack)	
<input type="checkbox"/> Shrinkwrap, Quantity Per Pkg. <input type="checkbox"/> Kraftwrap, Quantity Per Pkg. <input type="checkbox"/> Rubberband, Quantity Per Band <input type="checkbox"/> Paperband, Quantity Per Band	
<input type="checkbox"/> Other	