

# Quote Request Form

**\*\*Your Quote is Good For 30 days... The Price does not reflect Tax or Shipping\*\***

## Contact Information:

Agency Name/Cust #: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  
 Phone #: \_\_\_\_\_

## Quotation #

Date: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Fax #: \_\_\_\_\_

### Tell us about Your Job:

Name your job: \_\_\_\_\_  
 \_\_\_\_\_  
 Qty: \_\_\_\_\_ Flat size: \_\_\_\_\_  
 Qty: \_\_\_\_\_ Finished size: \_\_\_\_\_  
 Qty: \_\_\_\_\_

### How will you supply your job to us?

Camera Ready  
 Electronic File  
      Pagemaker                       Quark X-Press  
      InDesign                         Illustrator  
      Corel Draw                        Freehand  
      PDF File                          Word/Publisher

Will we need to typeset anything for you?  
 Yes and How many total pages? \_\_\_\_\_  
     How many Front and Back? \_\_\_\_\_  
     How many Front Only? \_\_\_\_\_

Do You want a Proof?             Yes       No

### How will we bind/complete your job?

Fold     Yes     No  
 Number of folds \_\_\_\_\_  
 Do you need sequential numbering?     Yes     No  
      Red Ink  
      Black Ink  
     Beginning # \_\_\_\_\_  
     Ending # \_\_\_\_\_

Die Cut                             Yes             No  
 Drilling                            Yes             No  
 Wrap Around Book             Yes             No  
 Stapling                          Yes             No  
 Laminate                         Yes             No  
 Perforate/Score                Yes             No  
     Number of lines \_\_\_\_\_  
 Padding                          Yes             No  
     Number of pads \_\_\_\_\_  
     Sheets Per pad \_\_\_\_\_  
     or  
     NCR set per pad \_\_\_\_\_ (2pt, 3pt, 4pt, etc.)

Perfect Bind                     Yes             No  
 Saddle Stitch                  Yes             No  
 GBC Bind                         Yes             No  
 Coil Bind                         Yes             No  
 Tape Binding                   Yes             No  
 Shrink Wrapping               Yes             No  
     Number per pack \_\_\_\_\_

Tabs                               Yes             No  
 Mylar                              Yes             No  
 Mailing Tabs                   Yes             No  
     Clear                               White

### How about your Paper and Inks?

**\*Please refer to CE Stock Sample Book\***

Cover Paper: \_\_\_\_\_  
 Outside Cover Inks:  
      Black  
      4-Color Process/Varnish? \_\_\_\_\_  
      PMS/How many? \_\_\_\_\_

Inside Cover Inks:  
      Black  
      4-Color Process  
      PMS/How many? \_\_\_\_\_  
      Blank

Inside Pages Paper: \_\_\_\_\_  
 Total Number of Pages: \_\_\_\_\_

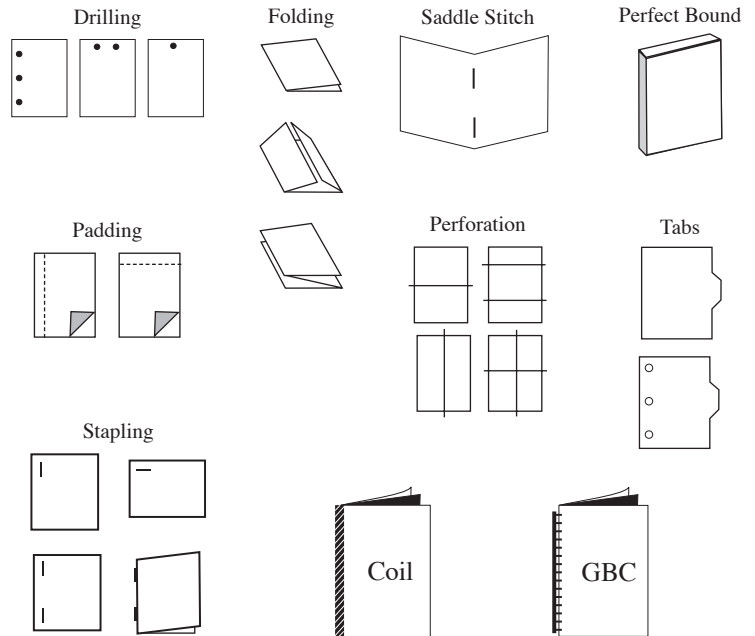
Inside Pages Inks:  
      Black  
      4 Color Process  
      PMS/How many? \_\_\_\_\_

If job is a single sheet such as a brochure or poster.  
 Paper: \_\_\_\_\_  
 Inks:  
      Black  
      4-Color Process  
      PMS/How many? \_\_\_\_\_  
      Blank

Does the ink touch any edges of the document and if so how many? \_\_\_\_\_

### Examples of Binding

**\*Circle Your Choices\***



Is there anything else you would like to tell us about your Job? \_\_\_\_\_

Does this job have a required delivery? \_\_\_\_\_

**Thank You. Please allow us approximately 2-3 days to complete your quote.**

# CORRECTION ENTERPRISES PRINT ORDER FORM

DC-258



*Not Just Making It Right. Making It Better.*

**CUSTOMER INFORMATION:**

Contact Person: \_\_\_\_\_  
 Phone #: \_\_\_\_\_  
 Date Needed: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Quantity Requested: \_\_\_\_\_  
 Proof Needed:      Yes      No  
 Quote Number: \_\_\_\_\_  
**REPRINT or NEW JOB**  
 Purchase Order Number \_\_\_\_\_  
 Is It Exactly The Same? (Please Circle) Yes or No  
 Cost Statement? (Please Circle) Yes or No

Bill To:	Ship To:
_____	_____
_____	_____
_____	_____
Name of Job: _____	

**STAPLING      PADDING      DRILLING      FOLDING      TABS**

# of Pads

# Sheets  
Per Pad

Custom

(Must Add Special Instructions)

Custom

(Must Add Special Instructions)

**Tabs**      Qty. of Tabs: \_\_\_\_\_

Position of Tabs: \_\_\_\_\_

(Example: 1/2, 1/3, 1/4, 1/5, etc.)

Mylar

Index

**TAPE**

Yes or No \_\_\_\_\_

**SIDES**

1:1

1:2

2:1

2:2

as

is

**LAMINATION**

Yes or No \_\_\_\_\_

**NUMBERING**

Beginning Number: \_\_\_\_\_  
 Red or Black Ink \_\_\_\_\_

Number of Originals \_\_\_\_\_

Head to Head \_\_\_\_\_

Head to Foot \_\_\_\_\_

**PACKAGING**

Shrink Wrap or Box Only \_\_\_\_\_

Sheets/Sets per Package: \_\_\_\_\_

**PERFORATION      BINDING**

Custom

(Must Add Special Instructions)

SADDLE STITCH

PERFECT BOUND

GBC

Color \_\_\_\_\_

Coil

Color \_\_\_\_\_

**INK COLORS**

Black Ink Only \_\_\_\_\_  
 Ink Color/PMS \_\_\_\_\_

Email Address: \_\_\_\_\_

**PAPER STOCK/BINDING: (Refer to Enterprise Stock Book)**

CE Print Customer Service Dept will measure the sample provided for finished size.  
 \* Please provide specs if finished size should be different than sample provided.  
 \* Print has no restocking fee, but charges a pro-rated charge for work that is begun and then cancelled.

2/pt, 3/pt, or 4/pt

Paper Color \_\_\_\_\_      NCR Paper \_\_\_\_\_  
 Paper Stock \_\_\_\_\_      Color Sequence \_\_\_\_\_

**Special Instructions/Additional Comments/Remarks:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Approver: \_\_\_\_\_