



Offset Quote Sheet

From: _____

Date: _____

Contact: _____

Sales Person: _____

Phone #: _____

Repeat: Yes No

Fax #: _____

Sample: Yes No

Part # Description _____

Size: Width _____ Length _____

Material: _____

Color: _____

Printed: One Side Two Sides

Envelope Size: _____ Window: Yes No

Booklet _____ No. of Pages _____ Finish Size _____

Hole Punch _____ Perforated _____ Glued _____ Stapled _____

Padded _____ No. of Sheets _____ Collate _____

Numbered _____

Folded _____ Horizontal _____ Vertical _____ Finish Size: W _____ X H _____

Artwork or Typesetting: Yes No

Artwork Supplies: Yes No

Special Packaging explain _____

Qty/Box _____ Qty/Package _____ Package I.D. _____ Shrink Wrap _____

Comments _____

Quantity					
Price					

First Order Charge _____

Delivery Time _____