

QUOTATION REQUEST FORM

Please fill in your contact information and all required specifications. Return this form via fax to 808.244.5333, email to printing@spectracolorinc.com or by calling 808.244.5100. We will get back to you within 24 hours or less. We appreciate this opportunity to bid on your project!

| Contact/Company Name: | | | | Date of Request: | | |
|---|-------------------------|--------------|-------------------|------------------|-------------------|--|
| Phone: | | Fax: | | Email: | | |
| Contact me via | a: □ Email □ Phone | □ Fax Projec | t due date: | | □ RUSH PROCESSING | |
| PRINTING SPECIFICATIONS | | | | | | |
| Job Description/Name: | | | | Finished (Fla | at) Size: x | |
| Quantities: | // | // | / | // | | |
| Bleeds? (ink runs off edge of paper): ☐ Yes ☐ No. of Inks per Side:/ | | | | | | |
| Paper Type: _ | | | (| Color: | Weight: | |
| ARTWORK SPECIFICATIONS ☐ Supplying press-ready files ☐ Design quote needed ☐ Reprint ☐ Other | | | | | | |
| BINDERY SPECIFICATIONS | | | | | | |
| □ Binding: No. of pages per book: Type: □ Saddle-Stitch □ Wire □ Plastic Comb □ Other | | | | | | |
| □ Collating: No. of sheets per set: □ □ Die-cutting: □ Die needed □ Die Supplied □ Drilling | | | | | | |
| □ Folding: Size: x Type: □ Half □ Letter □ Z □ Gate □ Right □ Other | | | | | | |
| □ <u>Laminating</u> : □ 3 mil film □ 5 mil film □ <u>Padding</u> : No. of sheets per pad: Chipboard? □ Yes □ No | | | | | | |
| □ Numbering: No. of places: Start # End # □ Black Ink □ Red Ink | | | | | | |
| □ Perforation | :# of perfs per sheet _ | □ <u>Sco</u> | ring: # of scores | per sheet | _ | |
| □ Other Binde | ery | | | | | |
| | | | | | | |
| <u>SHIPPING/DELIVERY</u> | | | | | | |
| □ Pick-Up □ Delivery Requested □ Ship YB □ Distribution Co. □ Other | | | | | | |
| | | SPECIAI | _ INSTRUCTION | <u>s</u> | | |