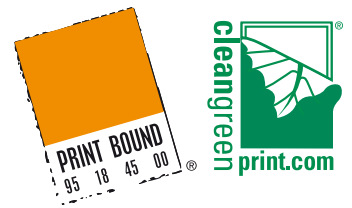


quotation request form – fax 9518 4599



Company Name: _____ Date: ____ / ____ / ____

Address: _____ Contact: _____

Contact Number: _____ Email: _____

Contact Fax: _____ Original Quote Number (if revised): _____

Job Title: _____

Description: _____

Quantity: (A) (B) (C) (D)

Flat Size: Depth mm x Width mm

Finished Size: Depth mm x Width mm

Cover: No. of Pages _____

Ink _____ 1 sided 2 sided

Coatings _____ 1 sided 2 sided

Stock _____ gsm

Text: No. of Pages _____

Ink _____ 1 sided 2 sided

Coatings _____ 1 sided 2 sided

Stock _____ gsm

Other Print Details: _____

Finishing Details: _____

Packaging: Carton Qty _____ Paper Banding Qty _____ Rubber Banding Qty _____

Wrap Qty _____ Shrinkwrap Qty _____ Palletise

Delivery: Melbourne Metro: 1 Point 2 Points Other _____

Interstate to: _____ Road Freight Air Freight Other _____

Prepress: Supplied: Digital Files Plates Other _____

Proofs Required: High-Res Digital Low-Res Digital PDF _____

Other Details: eg; Typesetting, Photoshop, Scans, Contouring etc _____

Account Manager: _____ Email/Fax Direct Return Required by: _____ am pm