

CUSTOMER INFORMATION

Company Name: _____
 Contact Name: _____
 Phone: _____ Fax: _____
 Other Contact Info: _____

JOB STATS

JOB DESCRIPTION

QUANTITIES

Flat _____ x _____
 Folded _____ x _____
 Other _____
 # of Pages/Parts _____ Plus Cover Self Cover
 Pocket Folder 1 Pocket 2 Pockets
 Pocket Size(s) _____ Glue Pockets Y N

INKS & VARNISHES

OPT. I

Standard Heat-Resistant Special Mix Metallic Other
 Black Process PMS PMS PMS **Bleeds** Coating Coverage

Side 1							
Side 2							
Other							

OPT. II

Standard Heat-Resistant Special Mix Metallic Other
 Black Process PMS PMS PMS **Bleeds** Coating Coverage

Side 1							
Side 2							
Other							

PAPER

OPT. I

	Description	Color	Weight	Finish
Cover				
Text				
Other				

Okay to use equivalent

OPT. II

	Description	Color	Weight	Finish
Cover				
Text				
Other				

Okay to use equivalent

HELPFUL INFORMATION

Date Entered: _____
 Quote Due Date: _____ RUSH
 Job Due Date: _____
 Loftin Representative: _____
 Estimate #: _____
 Return Quote Via:
 Fax Phone E-Mail Rep.

ART

NEW REPRINT REPRINT (with changes)
 Job# _____ Date Last Printed _____
 File type(s): Mac PC
 Changes _____
 SCANS Size _____ Amount _____
 Halftones Duotones Color Separations

PROOFS

Dylux B/W Laser Digital Color Proof
 Press Proof Other _____

- Notes -

BINDERY

- Fold # of Folds_____
- Half Parallel Accordion Roll
- Gate Letter Other _____
- Collate
- Saddle Stitch Perfect Bind Wire-O
- Other _____
- Score, Perf # of Scores_____ # of Perfs_____
- Drill # of Holes_____
- Pad # of Pads_____ Sheets per Pad_____
- Pad at HEAD or SIDE (circle one)

SPECIAL FINISHING

- Foil # of Foils_____ Area_____
- Register to Ink Stamp Over Ink
- Emboss # of Embosses_____ Area_____
- Multi-level Register to Ink Blind Emboss
- Diecutting
- Make Die (please send diagram)
- Use Existing Die
- Tabbing Print Body ONLY Print Tab ONLY
- Mylar Tab Mylar 3 Hole Bank Count_____

Packaging:

- Rubber Band Paper Band Wafer Seal
- Bulk Box Quantity Box: Count/Box_____
- Shrink Wrap Quantity_____
- Other_____

Shipping:

- F.O.B. Loftin Dock Best Way: Zip Code_____
- Local Delivery Customer P/U

CUSTOMER INSTRUCTIONS

- Please use this space for any special instructions or project details.

- Notes -