



**REQUEST FOR QUOTE
FAX TO TLPM 814.838.4090**

Date _____

Company _____

Contact Name _____

Phone _____ Fax _____

E-mail _____

JOB DESCRIPTION

Quantities to quote

(1) _____ (2) _____ (3) _____

ART

Composition required: yes no

Hardcopy furnished for scan: yes no

Disk furnished/e-mailed: yes no

PRINTING

Flat size _____

One Side Two Sides Bleeds: # of sides _____

Number of ink colors: _____

Stock: (name, if known) _____

color _____

text weight cover weight

FINISHING: please check all that apply

fold: final size _____

booklet: # of signatures _____

stitch: # of stitches _____

pad: # per pad _____

perf: # of times _____

drill: # of holes _____

number: single impression double impression

MAILING

Approximate number of records _____

list provided **OR** order list: business resident

p.s. labels supplied: one-up pinfeed sheet

ink jet addressing

Personalization: please check all that apply

address & salutation only entire letter envelope

ink jet **OR** laser

Insertion: number of items to be inserted _____

size of outer envelope _____

indicia meter affix live stamp

Sort: Standard (bulk) Periodicals First Class First Class Presort

NOTES/ADDITIONAL INFORMATION

