

BINDER ORDER/QUOTE FORM

CUST. P.O. NO. _____
 QUOTE NO. _____ Ship under P.O. _____
 QUOTED BY _____ ORDERED BY _____
 QUOTE DATE _____ ORDER DATE _____
 QUOTE PRICE _____ REQUESTED SHIP DATE _____

INVOICE TO:		TERMS: C.O.D. _____, NET 30 _____ SAMPLE- YES _____, NO _____	
PHONE NO. _____ EXT. _____		SHIP TO:	
FAX NO. _____			
REPEAT S. O. NUMBER _____		SHIP VIA: BEST WAY, UPS _____, GROUND _____, 3RD DAY _____, BLUE _____, RED _____, G. T. _____	
EXACT <input type="checkbox"/> PARTIAL REPEAT W/CHANGES <input type="checkbox"/>		CIC TRUCK _____, BESTWAY GROUND _____, OTHER _____	
QUANTITY ORDERED		PP&C _____, 3RD PARTY _____, COLLECT _____	
DESCRIPTION / TITLE	VINYL <input type="checkbox"/> POLY <input type="checkbox"/> TURNED EDGE <input type="checkbox"/> Embedment <input type="checkbox"/> Insertable <input type="checkbox"/> OTHER _____	DECORATION YES <input type="checkbox"/> NO <input type="checkbox"/> BLEED <input type="checkbox"/> REGISTRATION <input type="checkbox"/>	
OUTSIDE MATERIAL (CODE NO., COLOR, FINISH)		SCREEN PRINT <input type="checkbox"/> FR <input type="checkbox"/> SP <input type="checkbox"/> BK <input type="checkbox"/> OTHER _____, NO. COLORS _____	
INSIDE MATERIAL (CODE NO., COLOR, FINISH)		PMS NUMBER 1 _____ 2 _____ 3 _____ 4 _____	
OVERALL SHEET SIZE _____ X _____ + TAB _____ <small>ALWAYS STATE BINDING EDGE FIRST</small>		HOT FOIL STAMP <input type="checkbox"/> FR <input type="checkbox"/> SP <input type="checkbox"/> BK <input type="checkbox"/> OTHER _____, NO. COLORS _____	
RING CAPACITY & STYLE BOOSTER <input type="checkbox"/> NO BOOSTER <input type="checkbox"/>	RING LOCATION SPINE <input type="checkbox"/> BACK COVER <input type="checkbox"/> OTHER _____	BLIND DEBOSS <input type="checkbox"/> FR <input type="checkbox"/> SP <input type="checkbox"/> BK <input type="checkbox"/> OTHER _____	
NUMBER OF RINGS - C TO C	RIVETS EXPOSED <input type="checkbox"/> CONCEALED <input type="checkbox"/> COLOR BLACK <input type="checkbox"/> WHITE <input type="checkbox"/> CHROME <input type="checkbox"/>	FOIL DEBOSS <input type="checkbox"/> FR <input type="checkbox"/> SP <input type="checkbox"/> BK <input type="checkbox"/> OTHER _____	
Ring Metal Length		OTHER DECORATION _____	
BOARD TYPE _____, .100 _____, .130 _____ OTHER _____, R.C. _____, SQ. C. _____		<input type="checkbox"/> CAMERA READY B & W <input type="checkbox"/> TYPESETTING REQUIRED <input type="checkbox"/> SCREEN READY FILM POSITIVES <input type="checkbox"/> FAX/XEROX PROOF REQUIRED <input type="checkbox"/> PER CUSTOMER SAMPLE <input type="checkbox"/> RETURN CUSTOMER ARTWORK <input type="checkbox"/> PER LAYOUT <input type="checkbox"/> RETURN CUSTOMER SAMPLE	
HINGE REINFORCING YES <input type="checkbox"/> NO <input type="checkbox"/>		PROOF REQUIRED - YES <input type="checkbox"/> NO <input type="checkbox"/>	
SHEET LIFTERS YES <input type="checkbox"/> NO <input type="checkbox"/> <input type="checkbox"/> LARGE CURVED <input type="checkbox"/> 3" FLAT <input type="checkbox"/> BLACK <input type="checkbox"/> 3" SMALL CURVED 2" <input type="checkbox"/> 5" FLAT <input type="checkbox"/> WHITE <input type="checkbox"/> 8-1/2" FLAT		TYPE OF PROOF _____	
POCKET ('S) YES <input type="checkbox"/> NO <input type="checkbox"/> <input type="checkbox"/> INSIDE FRONT <input type="checkbox"/> INSIDE BACK <input type="checkbox"/> HORIZONTAL _____" HIGH <input type="checkbox"/> HORIZONTAL _____" HIGH <input type="checkbox"/> VERTICAL _____" WIDE <input type="checkbox"/> VERTICAL _____" WIDE <input type="checkbox"/> DIAGONAL <input type="checkbox"/> DIAGONAL <input type="checkbox"/> SECRETARIAL <input type="checkbox"/> SECRETARIAL <input type="checkbox"/> BASE <input type="checkbox"/> BASE <input type="checkbox"/> CRYSTAL CLEAR <input type="checkbox"/> CRYSTAL CLEAR <input type="checkbox"/> MATTE CLEAR <input type="checkbox"/> MATTE CLEAR <input type="checkbox"/> ORANGE PEEL <input type="checkbox"/> ORANGE PEEL		CHARGES _____	
OVERLAY YES <input type="checkbox"/> NO <input type="checkbox"/> DRILL RIVET RELIEF HOLES <input type="checkbox"/>		SPECIAL INSTRUCTIONS	
<input type="checkbox"/> INSERTABLE <input type="checkbox"/> EMBEDMENT <input type="checkbox"/> FRONT <input type="checkbox"/> FRONT <input type="checkbox"/> JENST INSERTABLE <input type="checkbox"/> SPINE <input type="checkbox"/> SPINE <input type="checkbox"/> BACK <input type="checkbox"/> BACK EMBEDMENTS ETA _____			
<input type="checkbox"/> CRYSTAL CLEAR <input type="checkbox"/> MATTE CLEAR <input type="checkbox"/> ORANGE PEEL <input type="checkbox"/> COPY GUARD		Industry standards allow for quantity tolerances of +/- 10%. FOB Factory. Manufacturing leadtime _____ Quote based on spec's provided.	
BUSINESS CARD POCKET ('S) YES <input type="checkbox"/> NO <input type="checkbox"/> <input type="checkbox"/> CORNER <input type="checkbox"/> INSIDE <input type="checkbox"/> 3 SIDED <input type="checkbox"/> BACK <input type="checkbox"/> WITH THUMB NOTCH <input type="checkbox"/> INSIDE FRONT OTHER _____		REVISED 9/98	
<input type="checkbox"/> CRYSTAL CLEAR <input type="checkbox"/> MATTE CLEAR <input type="checkbox"/> ORANGE PEEL <input type="checkbox"/> COPY GUARD			
LABEL HOLDER (SPINE) YES <input type="checkbox"/> NO <input type="checkbox"/> <input type="checkbox"/> SEALED 3 SIDES <input type="checkbox"/> BAR SEAL TO BAR SEAL WITH BOTTOM PRESEAL <input type="checkbox"/> BAR SEAL TO BAR SEAL SEALED AT BOTTOM WITH PERIMETER <input type="checkbox"/> WITH THUMB NOTCH			
<input type="checkbox"/> CRYSTAL CLEAR <input type="checkbox"/> MATTE CLEAR <input type="checkbox"/> ORANGE PEEL <input type="checkbox"/> COPY GUARD			
FOAM PADDING YES <input type="checkbox"/> NO <input type="checkbox"/> TYPE _____ FRONT _____ SPINE _____ BACK _____ OTHER _____			

