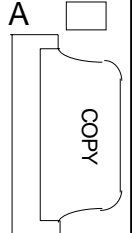
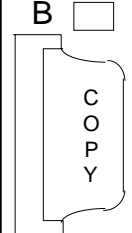
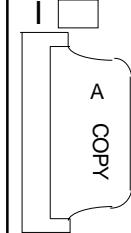
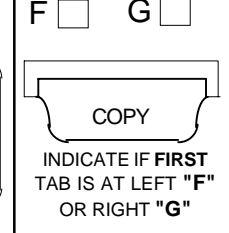


# INDEX TAB ORDER/QUOTE FORM

PHONE (805) 499-6844  
FAX (805) 498-0260

CUST. P.O. NO. \_\_\_\_\_  
ORDERED BY \_\_\_\_\_  
ORDER DATE \_\_\_\_\_  
REQUESTED SHIP DATE \_\_\_\_\_  
QUOTE NO. \_\_\_\_\_

CUSTOMER SERVICE REP. -

INVOICE TO		TERMS: C.O.D. _____, NET 30 _____		SAMPLE SET- YES _____, NO _____	
PHONE		SHIP TO:			
FAX NO. _____ EXT. _____					
PREVIOUS JOB NUMBER		SHIP VIA: UPS _____, GROUND _____, 3RD DAY _____, BLUE _____, RED _____, G.T. _____, CIC TRUCK _____, BEST GROUND _____, OTHER _____			
QUANTITY SETS _____, TABS PER SET _____		PP&C _____, 3RD PARTY _____, COLLECT _____			
PAPER WHITE <input type="checkbox"/> BUFF <input type="checkbox"/> MANILA <input type="checkbox"/> CUST. STK <input type="checkbox"/> OTHER _____		TYPE STYLE _____ TYPESIZE _____			
OVERALL SHEET _____ <small>ALWAYS LIST BINDING EDGE FIRST</small>		PROOF REQUIRED YES _____ NO _____ CHARGES _____			
BODY SIZE _____ <small>ALWAYS LIST BINDING EDGE FIRST</small>		POS.	MYLAR COLOR.	QUANTITY	TAB COPY <small>( SPECIFY IF ON TWO LINES )</small>
TAB SIZE 1/4" <input type="checkbox"/> 3/8" <input type="checkbox"/> 1/2" <input type="checkbox"/> OTHER <input type="checkbox"/>					
CUT _____ CUT (TABS PER BANK)					
TAB TYPE MYLAR <input type="checkbox"/> PRINTED (NO MYLAR) <input type="checkbox"/> PLAIN (BLANK) (NO MYLAR) <input type="checkbox"/>					
MYLAR COLOR ALL CLEAR <input type="checkbox"/> COLOR (SPECIFY WITH TAB COPY) <input type="checkbox"/>					
TAB PRINTING YES <input type="checkbox"/> NO <input type="checkbox"/> 1 SIDE <input type="checkbox"/> 2 SIDES <input type="checkbox"/>					
TAB INK COLOR BLACK <input type="checkbox"/> OR PMS COLOR _____					
TAB PRINTING ORIENTATION	A <input type="checkbox"/> 	B <input type="checkbox"/> 	I <input type="checkbox"/> 	F <input type="checkbox"/> G <input type="checkbox"/> 	
	INDICATE IF FIRST TAB IS AT LEFT "F" OR RIGHT "G"				
BODY PRINTING YES <input type="checkbox"/> NO <input type="checkbox"/> 1 SIDE <input type="checkbox"/> 2 SIDES <input type="checkbox"/>					
BODY INK COLOR					
BINDING EDGE REINFORCING YES <input type="checkbox"/> NO <input type="checkbox"/> STANDARD 9/16" <input type="checkbox"/> UPCHARGE 3/4" WITH 3/8" HOLES <input type="checkbox"/>					
COLLATE YES <input type="checkbox"/> NO <input type="checkbox"/> STANDARD <input type="checkbox"/> POLY BAG <input type="checkbox"/> SHRINK WRAP <input type="checkbox"/> REVERSE <input type="checkbox"/> BAND <input type="checkbox"/> SLIPSHEET <input type="checkbox"/>					
DRILLING YES <input type="checkbox"/> NO <input type="checkbox"/> NUMBER OF HOLES _____ SIZE _____ HOLE SPACING, CENTERS _____					
ROUND CORNER YES <input type="checkbox"/> NO <input type="checkbox"/> 2 AT TAB EDGE <input type="checkbox"/> ALL FOUR <input type="checkbox"/> 2 AT BINDING EDGE <input type="checkbox"/>					

SPECIAL INSTRUCTIONS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

