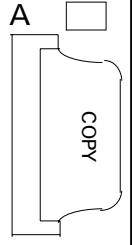
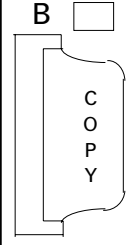
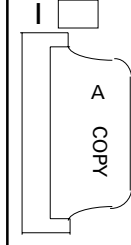
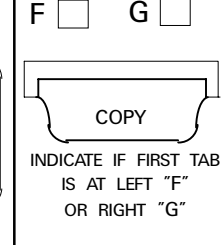
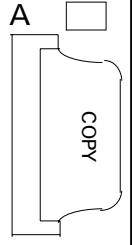
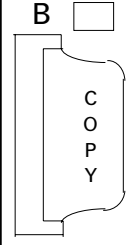
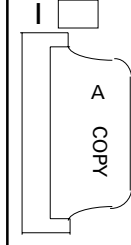
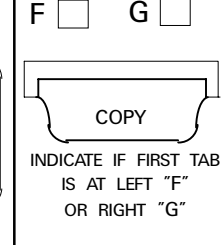
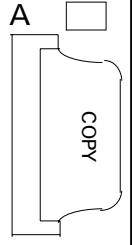
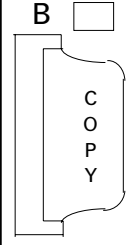
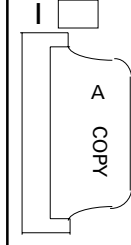
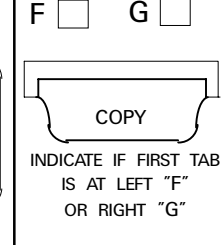


# INDEX TAB ORDER/QUOTE FORM

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. _____		SHIP VIA: UPS _____, GROUND _____, 3RD DAY _____, BLUE _____, RED _____, G. T. _____									
PREVIOUS JOB NUMBER		CIC TRUCK _____, BEST GROUND _____, OTHER _____									
QUANTITY _____ SETS _____, TABS PER SET _____		PP&C _____, 3RD PARTY _____, COLLECT _____									
WHITE <input type="checkbox"/> BUFF <input type="checkbox"/> MANILA <input type="checkbox"/> CUST. STK <input type="checkbox"/> PAPER OTHER _____		TYPE _____ STYLE _____ TYPESIZE _____									
OVERALL SHEET	_____ <input checked="" type="checkbox"/> ALWAYS LIST BINDING EDGE FIRST										
BODY SIZE	_____ <input checked="" type="checkbox"/> ALWAYS LIST BINDING EDGE FIRST										
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	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center;"> <input type="checkbox"/> <b>A</b>   </td> <td style="width: 25%; text-align: center;"> <input type="checkbox"/> <b>B</b>   </td> <td style="width: 25%; text-align: center;"> <input type="checkbox"/> <b>I</b>   </td> <td style="width: 25%; text-align: center;"> <input type="checkbox"/> <b>F</b> <input type="checkbox"/> <b>G</b>   </td> </tr> <tr> <td colspan="4" style="text-align: center;">                 INDICATE IF FIRST TAB IS AT LEFT "F" OR RIGHT "G"             </td> </tr> </table>			<input type="checkbox"/> <b>A</b> 	<input type="checkbox"/> <b>B</b> 	<input type="checkbox"/> <b>I</b> 	<input type="checkbox"/> <b>F</b> <input type="checkbox"/> <b>G</b> 	INDICATE IF FIRST TAB IS AT LEFT "F" OR RIGHT "G"			
<input type="checkbox"/> <b>A</b> 	<input type="checkbox"/> <b>B</b> 	<input type="checkbox"/> <b>I</b> 	<input type="checkbox"/> <b>F</b> <input type="checkbox"/> <b>G</b> 								
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 _____ HOLE SPACING SIZE _____ 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 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_