

QUOTE REQUEST FORM

COMPANY NAME _____

CONTACT NAME _____

ADDRESS _____

TELEPHONE _____ FAX _____

EMAIL _____

REQUEST FOR NEW RE-ORDER

PURCHASE ORDER # _____

JOB DESCRIPTION _____

QUANTITY(IES) _____

UNFOLDED PAPER SIZE _____ inches wide by _____ inches high

FOLDED PAPER SIZE _____ inches wide by _____ inches high

PAPER TYPE (COVER) _____ grade _____ colour

_____ weight _____ finish

FOLDED PAPER SIZE _____ inches wide by _____ inches high

PAPER TYPE (COVER) _____ grade _____ colour

_____ weight _____ finish

COLOURS _____ side 1 _____ side 2

BLEED ON ANY SIDE YES NO

ARTWORK SUPPLIED digital file scans new art required

existing art amend art

BINDING folding perforate score

carbons round corner pad at head

collate perfect bind pad at side

saddle stich die-cut

ADDITIONAL COMMENTS _____

JOB REQUIRED FOR _____

Tel 441 292 6100 Fax 441 292 6727

Street Address 13 Addendum Lane, Pembroke HM 07

Mailing Address P.O. Box HM 1025, Hamilton HM DX

Email info@bermudapress.bm Web www.bermudapress.bm

SUBMIT BY MAIL

OR SUBMIT BY FAX AT 441 292 6727