Interstate Graphics, inc.

A Printing and Digital Communications Company.

CUSTOMER QUOTE FORM

Company _____ **Attn:** _____ **Date** _____

Mailing Address _____ _____ **Phone** _____

City _____ **State** _____ **ZIP** _____ **Fax** _____

Sales Rep. _____ **CSR** _____ **PO#** _____

Sales Code # _____ **Due** _____

New Job ☐ Exact Reprint ☐ Reprint w/changes ☐ Prevous Job # _____

Quantity	Description

Est # _____ **Price** _____ Disk ☐ FTP ☐ Email ☐

Pages ☐ Self Cover ☐ Plus Cover ☐ Plus Die Cut Cover ☐ Plus Gatefold Cover ☐ Plus Insert ☐

Plus Flysheet ☐ Trim Size _____ Fold/Stitch Size _____

Proof Due _____

Color Proof ☐ Blueline ☐ PDF ☐ Laser ☐

Proof To _____

_____

Front		Back	
4/color	☐	4/color	☐
PMS #	☐	PMS #	☐
PMS #	☐	PMS #	☐
Overall Gloss	☐	Overall Gloss	☐
Spot Gloss	☐	Spot Gloss	☐
Overall Dull	☐	Overall Dull	☐
Spot Dull	☐	Spot Dull	☐
Aqueous Gloss	☐	Aqueous Gloss	☐
Aqueous Dull	☐	Aqueous Dull	☐
UV Coat	☐	UV Coat	☐
Film Laminate	☐	Film Laminate	☐

Weight	Stock

Bindery

Trim ☐ Fold ☐ Stitch ☐ Loop Stitch ☐ Wires ☐ Perfect Bind ☐

Wiro Bind ☐ Spiral Bind ☐ Cerlox Bind ☐ Color _____

Score ☐ Die Cut ☐ Use Existing Die ☐ Order New Die ☐ Pockets ☐ BC Slits ☐

Foil Stamp ☐ Use Existing Die ☐ Order New Die ☐ Color ☐ Position _____

Emboss ☐ Use Existing Die ☐ Order New Die ☐ Position _____

Perforate ☐ L Perf ☐ Vertical Perf ☐ Horizontal Perf ☐

Glue Pockets ☐ Collate ☐ Drill ☐ Size hole ☐ Round Corner ☐

Pad ☐ Sheets per pad ☐ With Chipboard ☐ Shrink Wrap ☐ Per Package ☐

Ship To Quantity _____

Company _____ **Attn:** _____

Mailing Address _____ _____

City _____ **State** _____ **Zip** _____

Ship To Quantity _____

Company _____ **Attn:** _____

Mailing Address _____ _____

City _____ **State** _____ **Zip** _____

Special Notes:

Place an X in the appropriate boxes, if you are unsure about what needs to be done, please make notes!