

Project Description: _____

Need design work? Explain: _____

Need Proofs? Electronic PDF Proof*
 Hard Copy Paper Proof

No Proof is needed (run my project as is):

**Note: document screen resolution of electronic proofs will be lower than the print resolution used during printing.*

Quantity needed: _____ Due Date: _____

Finished Size: _____ Black & White Color

One-side printing Two-sided printing

Project/Service:

- | | |
|--|---|
| <input type="checkbox"/> Booklets | <input type="checkbox"/> Newsletters |
| <input type="checkbox"/> Bookmarks | <input type="checkbox"/> Note Pads |
| <input type="checkbox"/> Brochures | <input type="checkbox"/> Post Cards |
| <input type="checkbox"/> Business Cards | <input type="checkbox"/> Posters (up to 12"x18") |
| <input type="checkbox"/> Flyers | <input type="checkbox"/> Presentations |
| <input type="checkbox"/> Stickers/Labels | <input type="checkbox"/> Rack Cards |
| <input type="checkbox"/> Letterheads | <input type="checkbox"/> Other: (Briefly Explain) |

Paper Stock (Contents):

- | | |
|---|--|
| <input type="checkbox"/> 60# Text Uncoated | <input type="checkbox"/> 100# Text Gloss |
| <input type="checkbox"/> 70# Text Uncoated | <input type="checkbox"/> 80# Cover Gloss |
| <input type="checkbox"/> 65# Cover Uncoated | <input type="checkbox"/> 100# Cover Gloss |
| <input type="checkbox"/> 80# Cover Uncoated | <input type="checkbox"/> 10 Point CSI |
| <input type="checkbox"/> 100# Cover Uncoated | <input type="checkbox"/> 12 Point CSI |
| <input type="checkbox"/> 80# Text Gloss | <input type="checkbox"/> Astro Paper Colors: |
| <input type="checkbox"/> Other: (Briefly Explain) | color: _____ |

If cover required: _____

(Paper stock choices are same as above)

Project Comments:

Drilling Services: Yes No

Cutting Services: Yes No

Perforation Services: Yes No

Staple Services: Saddle Stitching
 Left Top Corner

Note Pads:

of pads: _____ # of sheets per pad: _____

Folding Services:

Letter fold Half fold
 Z fold Double Parellel

Binding Services:

Coil Comb Perfect Bind
 Bind on long edge Bind on short edge

Customer Information:

Company: _____
Name: _____
Address: _____
City: _____
State: _____
Zip: _____
Phone Number: _____
Email: _____

Shipping Information: (Same as above)

Company: _____
Name: _____
Address: _____
City: _____
State: _____
Zip: _____
Phone Number: _____
Email: _____