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# SINGLE SHEET DOCUMENT ESTIMATE REQUEST

DATE \_\_\_\_\_

COMPANY NAME \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

EMAIL \_\_\_\_\_

Have we done other work or quotes for you before?  YES  NO

JOB NAME \_\_\_\_\_

QUANTITY 1  2  3

FINISHED SIZE (FLAT) \_\_\_\_\_

### STOCK

\_\_\_\_\_  
 \_\_\_\_\_

### INK

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### BINDING TYPE

Trim and Ship Flat  
 Trim and Fold to \_\_\_\_\_ (Size)  
 Other \_\_\_\_\_

### PRE-PRESS

Film supplied with proof  RIP Ready Files Supplied  
 MAC  PC

Other \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### PROOF REQUIRED

100% Laser  Blueline  Colour Overlay  
 Other \_\_\_\_\_

OTHER DETAILS \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

QUOTE REQUIRED BY \_\_\_\_\_ Send by:  Fax  Email  Phone

*Quotes are subject to confirmation upon receipt of your artwork/film/disks and other submitted materials. Quotes are based on current paper costs and availability. Applicable taxes are extra. All prices are FOB Contact Printing unless otherwise noted.*