



152 Whitcomb Avenue, Colfax, CA 95713
 (530) 346-2628 • 800-962-6783 • FAX (530) 346-7497

Date: _____

REQUEST FOR QUOTE

Estimated By: _____

Requestor: _____ Dist: _____

Customer: _____ Form Name: _____

Snap Cont. Sheet EPS Digital

QTY. A) _____ B) _____ C) _____ D) _____ E) _____

| PAPER ALL STD WEIGHTS | PAPER SPECIFICATIONS | | | | CARBON | | |
|---|----------------------|-------|------|------|--------|-------|---------|
| | COLOR | SUBWT | TYPE | SIZE | COLOR | SHORT | SPECIAL |
| <input type="checkbox"/> 2PT, W-C | 1 | | | X | | | |
| <input type="checkbox"/> 2PT, W-P | 2 | | | X | | | |
| <input type="checkbox"/> 3PT W-C-P | 3 | | | X | | | |
| <input type="checkbox"/> 4PT W-C-P-GR | 4 | | | X | | | |
| <input type="checkbox"/> 5PT W-GN-C-P-GR | 5 | | | X | | | |
| <input type="checkbox"/> All STD Weights | 6 | | | X | | | |
| <input type="checkbox"/> All White Sequence | 7 | | | X | | | |
| # PTS _____ | 8 | | | X | | | |

INK

1ST COLOR Black Reflex Blue STD _____ PMS _____

2ND COLOR Black Reflex Blue STD _____ PMS _____

3RD COLOR Black Reflex Blue STD _____ PMS _____

4TH COLOR Black Reflex Blue STD _____ PMS _____

CMYK 1 Sided 2 Sided

Tight Registration Trapped Registration Heavy Coverage

INKS

Base Colors (no upcharge)
 Face - Black or Reflex Blue
 Back - Black or Screened Black

GKM STD Ink Colors

| | |
|------------|----------------|
| Proc. Blue | 165 Orange |
| 469 Brown | Warm Red |
| 355 Green | Pantone Purple |
| 185 Red | Pantone Yellow |

* All other PMS colors incur ordering charge

COMPOSITION

Camera Ready
 GKM Composition
 E-Mail/Disk
 # of Screen Densities _____

FACE

All PTS Same Yes No
 Total Face Plates _____
Sheet Only
 Metal Plates
 Paper Plates (1 color, line copy only)

BACKER

No. of Parts _____ Black
 No. of Plates _____ Screened Black
Sheet Only Other _____
 Metal Plates _____
 Paper Plates (1 color, line copy only)

M.W.'s

How Many _____
 Color _____
 Red
 Other (Extra Cost)
 Color: _____

NUMBERING

Yes Crash
 No Press
 # of Positions _____
 # Resets _____
 # Guarantee _____

PUNCHING # of Holes _____

Position _____
 Par. to Stub 1/4"
 Perp. to Stub Other _____
 Spacing 1 3/8" 2 3/4" 4 1/4"

PERFORATING Kleen Edge Perfs

| | | | | |
|---|--------------------------|--------------------------|------------|------------|
| | Full | Partial | # of Perfs | # of Parts |
| <input type="checkbox"/> Parallel to Stub | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> Perp. to Stub | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> Score | <input type="checkbox"/> | | _____ | _____ |

BINDING

Cello in _____
 Pad in _____
 Book in _____
 W/A Tri Fly

UNIT SET

Stub @ _____ size _____
 None Double
Line Holes Glue Line
 In O.K. @ _____

CONTINUOUS

Crimp Left Right Both
 Glue Left Right # of PTS _____
 Special _____

TRANSFER TAPE
in web direction only

Lite Tac
 1/2" Perma Tac
 1" Super Tac
 Length _____

Special Instructions: **Assumed Adequate Gripper / Lock-up** _____

Quote No. _____
 A) _____
 B) _____
 C) _____
 D) _____
 E) _____

Previous GKM Job # _____ Exact Repeat Copy Change
 Spec Change _____

****Orders are subject to plus or minus 10% of quantity Ordered** Freight is not included in estimate****