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PRINTING QUOTATION FORM

Customer

Quote Date: _____

Order Date: _____

Delivery Date: _____

Item	Description			Exten-
Item	Description: Size (in. x in.) Color (C x C) Quantity (pc/set)			
Artwork <small>(Please draw a rough layout)</small>				
Film <input type="checkbox"/> Check here if films are supplied by customer.)	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> E-Up <input type="checkbox"/> E-Down Size () dpi () lpi () Other:			
Paper Stock <small>(Please give brand and model name if known.)</small>	Type () Color () Weight (lbs.) Size (x)			
Printing <small>(Please specify inks colour in PMS, otherwise, standard ink colour will be used)</small>	<input type="checkbox"/> Side <input type="checkbox"/> Breeding <input type="checkbox"/> Solid <input type="checkbox"/> Number (Start End) Inks: 1. 2. 3. 4. 5. 6. Other:			
Bindery	<input type="checkbox"/> Trim <input type="checkbox"/> Fold (in out) <input type="checkbox"/> Pad (set) <input type="checkbox"/> Drill () <input type="checkbox"/> Collate <input type="checkbox"/> Perforate <input type="checkbox"/> Staple <input type="checkbox"/> Perfect Binding Other:			
Post Press	<input type="checkbox"/> PP Lamination (Thick/Thin) <input type="checkbox"/> Gold Stamping (Size: x) Other:			

Remarks:

Sub Total
 GST
 PST
 Total
