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## PRINTING QUOTATION FORM

Customer Info

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
