

# QUOTE REQUEST



Please type into the fields below.

Print out and fax back to 02 49 600 701 or email to [stuart@gregtapp.com.au](mailto:stuart@gregtapp.com.au)

**Company:**.....

**Contact Name:**.....

**Address:**.....

**State:**.....  **Post Code:**

**Telephone:**.....  **Facsimile:**

**Email:**.....

**Preferred method of contact:** .....Phone  Email  Fax

**Job Title:**.....  **Client Reference No:**

**Size:**..... Flat  Folded

**Quantities:**..... 1.  2.  3.  4.

**Colour:**.....CMYK (full colour)  SPOT  PMS Colours

**No. of Sides:** .....Single Sided  Double Sided

**Art Supplied:**.....No  Yes  File Format

**Bleeds:** .....No  Yes

**Proof required:** .....No  Yes

**Format for proof:** .....Fax  Pre-Press  PDF  email for PDF:

**Stock:** .....A  Weight

**Stock:** .....B  Weight

**Dieline:** .....No  Yes  New knife to be created  Use existing knife

**Finish:**.....No  Yes   
Machine Varnish  Celloglaze  Matt  Gloss  Other

**Coverage:**.....All over  Spot  Spot UV

**Binding Details:**.....

**Packaging:**.....

**Delivery Address:** .....As above  Deliver to:

**Extra Notes:**.....

**Date final printed product is required by:**