

MARTINS THE PRINTERS LTD

GENERAL ESTIMATE REQUEST FORM

Name of Company _____ Date _____

Address _____

Phone No: _____ Fax No: _____ E-mail _____

Title of Job: _____

Inside Text Printing

Black only 1 Col (not black) 2 Col Full Colour

Extent _____ Page Size _____ Bled Unbled

Type of Paper _____ GSM _____ Supplied by: Customer Us

Origination: Disc Neg Film Pos Film Imposed Film No. scans _____

Cover Printing

Supplied? Yes No

Origination: Disc Pos Film

Material required _____ GSM _____

Outside Colours _____ Inside Colours _____ Laminated? Yes No Gloss Matt

Binding Style

Saddle wire stitched Limp Sewn Limp Slotted Limp Unsewn

Wire-o-bound Ordinary Half Canadian Full Canadian

Loose-leaf 4 hole drill Ring binder supplied No of Dividers

Bound Stock required for _____ Delivery to _____

Packing in shrink-wrapped parcels unless otherwise stated

Other Details _____

FAX NUMBER : 01289 330284
