

# Quote Request Form

Please fax to 206.839.1025

<input type="checkbox"/> SIGN QUOTE REQUEST	Description/Special Instructions:
<b>Substrate:</b> Wood <input type="checkbox"/> PVC <input type="checkbox"/> Corex <input type="checkbox"/>	
Other: _____	
<b>Size:</b> _____ x _____	
<b>Colors:</b> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	
I-Sided: <input type="checkbox"/> 2-sided: <input type="checkbox"/>	
<b>Quantity:</b> _____	

<input type="checkbox"/> PRINT/COPYING REQUEST	Description/Special Instructions:
<b>Stock:</b> <input type="checkbox"/> 24# Laser Paper <input type="checkbox"/> 8pt. Gloss Cover	
<input type="checkbox"/> 10pt. Matte Cover <input type="checkbox"/> 12pt. Gloss Cover	
<input type="checkbox"/> 80# Smooth Cover Other: _____	
Finished Size: _____ x _____	
<b>Printing:</b> Color: <input type="checkbox"/> Black & White: <input type="checkbox"/>	
I-Sided: <input type="checkbox"/> 2-sided: <input type="checkbox"/>	
Quantity: _____	

**AGENT NAME:** \_\_\_\_\_

**OFFICE:** \_\_\_\_\_ **PHONE #:** \_\_\_\_\_

EMAIL MY QUOTE TO: \_\_\_\_\_

FAX MY QUOTE TO: \_\_\_\_\_

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