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P.O. Box 275, Cromwell, CT 06416

Please fill out the form below and click SEND

SEND

Contact Information:	
Customer Name:	
Contact Phone:	
Contact E-Mail:	
Return Bid By (mm/dd/yyyy):	
Date to Printer (mm/dd/yyyy):	
Due Date (mm/dd/yyyy):	
Printer Specifications:	
Quantity:	
Trim Size:	
Finished Size:	
Number of Pages:	
Number of Sheets:	
Paper Stock:	
Paper Stock Cover:	
Ink Colors:	
Side One:	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
PMS Ink Color:	#1: <input type="text"/> #2: <input type="text"/> #3: <input type="text"/> #4: <input type="text"/>
Side Two:	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
PMS Ink Color:	#1: <input type="text"/> #2: <input type="text"/> #3: <input type="text"/> #4: <input type="text"/>
AQ/Varnish:	Overall <input type="checkbox"/> Spot <input type="checkbox"/>
Copy Supplied As:	
	Disk <input type="checkbox"/> Film Shoot <input type="checkbox"/> Copy Typeset <input type="checkbox"/>
	File Supplied <input type="checkbox"/> Typeset Complete <input type="checkbox"/> Typeset Changes <input type="checkbox"/>
Special Printing Requirements:	
	Bleeds <input type="checkbox"/> Solids <input type="checkbox"/> Trappings <input type="checkbox"/>
	Screens <input type="checkbox"/> Halftones <input type="checkbox"/> Duo-tones <input type="checkbox"/> Scans <input type="checkbox"/>
Proofs:	Laser <input type="checkbox"/> Epson Color Print <input type="checkbox"/> PDF <input type="checkbox"/>
Finishing:	Collate <input type="checkbox"/> Staple <input type="checkbox"/> Saddle Stitching <input type="checkbox"/> Perfect Bound <input type="checkbox"/> Score <input type="checkbox"/> Perforation <input type="checkbox"/> Drilling <input type="checkbox"/> Numbering <input type="checkbox"/> Padding Qty <input type="text"/> Die Cut <input type="checkbox"/> Spiral Bound <input type="checkbox"/> Plastic Comb <input type="checkbox"/> Wire Comb / Wire-O <input type="checkbox"/> Other: <input type="text"/>
Folding:	Letter <input type="checkbox"/> Barrel <input type="checkbox"/> Half <input type="checkbox"/> Half & Half <input type="checkbox"/> Z-Fold <input type="checkbox"/>
Mailing / Shipping:	Shrink Wrap Qty. <input type="text"/> Bulk Pack <input type="checkbox"/> Wafer Seal <input type="checkbox"/> Laser Address <input type="checkbox"/> Label <input type="checkbox"/> Metering <input type="checkbox"/> Other <input type="text"/>
Additional Instructions / Comments:	

NOTE: A representative will contact you within one business day regarding this quote.