



Rapid Printers

OF MONTEREY

REQUEST FOR QUOTE

Please fill in as much information as possible, then [click here](#) to submit this form.

CONTACT NAME: _____

COMPANY NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

EMAIL: _____

HOW WILL YOU BE SUPPLYING ARTWORK TO US? _____

WHAT PROGRAM WAS USED TO CREATE THE ART FILES? _____

WILL ARTWORK / TYPESETTING BE REQUIRED? _____

TYPE OF PROOF NEEDED: PDF STANDARD INKJET COLOR CORRECT PREMIUM INKJET

How would you like to receive your quote?

Fax it to me

Email it to me

Call me

Mail it to me

Date quote is needed by: _____ ***Date Job needs to be completed:*** _____

DESCRIPTION

JOB/PROJECT NAME: _____

QUANTITY(S): _____

TRIMMED / FINAL SIZE: _____

INK COLORS FRONT: _____

INK COLORS BACK: _____

VARNISH OR AQUEOUS COATING REQUESTED: _____

WRITING, TEXT, OR COVER WEIGHT OF PAPER: _____

FINISH / TEXTURE OF PAPER: _____

COLOR OF PAPER: _____

BINDING / FINISHING NEEDED: _____

SHRINKWRAP / BOXING REQUIREMENTS: _____

PICK-UP, LOCAL DELIVERY OR SHIPPING INSTRUCTIONS: _____

MAILING SERVICES NEEDED? _____

ADDITIONAL NOTES: