

2900 E. Miraloma Avenue Anaheim, CA 92806-187 TEL: 714-630-3360

FAX: 714-630-3363

## QUOTE/ORDER FORM

Expansion Fo		QUOTE ONLY ORDER FAX TO 714-630-3363 REQUESTED SHIP DATE							
PRESSBOARD / PRES	S-GUARD / MANIL	_A / KRAFT		REQUESTED SH LIST ALL SHIPPII					
COMPANY NAME		DATE		CONTACT					
ADDRESS				PHONE (	)				
				FAX ()					
Description:	PRESSBOARD  PRESS-GUARD	FOLDER  CLASSIFIER		<ul><li>□ VERTICAL STY</li><li>□ SHELF STYLE</li></ul>		EVIOUS B NO>			
Quantity:	1	<b>2</b>		<b>③</b>	NO. OF DIV	TIDERS (for classifiers)			
Danaw	TYPE I	TY	YPE II	TYPE III	Ī	OTHER:			
Paper:	Color	Color		. Color	Color				
Size:	FRONT PANI	EL:	BACK F	ANEL:	T LENC	TAB: GTH & SIZE			
	x			(					
Special Instructions:									
Tyvek Expansion:	EXP. SIZE		coı	OR BROWN	GREY 🗆 E	BLACK 🗆			
Fasteners:	NONE	BONDED		INSET	3	1			
Size and	Consider Instructions	7 INSIDE FRONT	6 INSIDE 8						
Positions:	Special Instructions:				4	2			
Inner Dividers: (for classifiers)	YES  NO NO. OF								
Divider Fasteners:	DUO 1"  STYLE 2"  (STANDARD)	BONDED C BOTH SIDE		FASTE POSIT	IONS: IT INSI	S INSIDE 6 S BACK 6			
Printing: (list all print info on back Include Label Lines)	FRONT PANEL YES  NO  1 SIDE  2 SIDES	Y	BACK PANE YES			6 (for classifiers) NO □ 2 SIDES □			
Packaging:	STANDARD CART	STANDARD CARTON & LABELS:   OTHER:   OTHER:							
		PRICING GO	OOD FOR	30 DAYS					
				1	2	3			
		COMMENT							
		QUOTED F	3Y						

## **Additional Specifications**

**Typesetting:** Although we will try to match any type requested, we recommend that you allow the factory to select style and size. Type proof available on request. (**NOTE:** Some type faces may require additional costs.)

TYPESTYLE:	PROOF REQUIRED:					
ALL CAPS $\square$ CAPS $\&$ L/C $\square$ NFACTORY CHOICE $\square$ OTHER $\square$	(ALLOW EXTRA TIME) YES □ NO □					
			)IZE	Body Conv		
Tab Titles, Cuts, Positions TAB COPY	_		221.00	Body Copy:		
IAD COF I	CUT	POS. C	COLOR	Use this area to show body copy and other print specifications (attach additional sheets)		
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				]		
Shipping Information:	SAME AS IN	VOICE				
SHIP TO:	P TO:			TTENTION:		
ADDRESS:				.O. #		
CITY		F	ORM #			
STATE	ZIP					