

CHJ DIGITAL REPRO ESTIMATE REQUEST FORM

Contact _____
Company _____
Company Address _____
City _____
State _____ Zip Code _____
Phone _____ Fax _____
E-mail Address _____

Job Description: _____

Black & White Job

Copies _____ # of Originals _____
Paper weight _____
Paper color _____
 1-sided 2-sided As Original

Color Job

Copies _____ # of Originals _____
Paper weight _____
Paper color _____
 1-sided 2-sided As Original

Specialty Items

Tabs Unpunched Tabs Punched (3-hole)
 3-bank 5-bank 8-bank Other
 Separators
 Covers

Finishing

Folding Wire Binding Color
 Saddle Stapling GBC Binding Color
 Upper Left Corner Staple Tape Binding Color
 Two Staples on side Coil Binding Color
 Drilling 3-hole Padding #of Sheets
 Other L R Top Bottom
 Slip Sheet Shrink Wrapping
 Other Finishing

Special Instructions

This is my first time contacting CHJ for a quote.
 I've worked with or requested quotes from CHJ in the past.
My CHJ Sales Associate is: _____

