YOUR COMPANY ADDRESS AND PHONE NUMBERS GO HERE

Print Questionnaire

One product per questionnaire only!

Company Name:	
Contact Person:	Job #:
Phone: Fax:	Sales Rep: Designer:
Address:	Project Title:
City: State: Zip:	Today's Date:
Email: Web Site:	Proof Date: Due Date:

PROJECT DESCRIPTION AND QUESTIONS: (ATTACH PAGES AS NEEDED)

PROJECT PURPOSE:

AUDIENCE:

TYPE OF PRINT PRODUCT:

PROJECT DETAILS AND SERVICES NEEDED: (ATTACH PAGES AS NEEDED)

PROOFING MEDIA: ❑ Blue Line ❑ Press Check ❑ Matchprint ❑ Rainbow Print ❑ Ink Jet Print ❑ Other

Size of proof:

BINDERY AND FINISHING: ❑ Folding ❑ Scoring ❑ Padding ❑ Varnish ❑ Aqueous Coating ❑ Numbering ❑ Mounting

❑ Other:

PACKAGING AND MAILING INSTRUCTIONS: (INCLUDE SHIPPING ADDRESS)

I HAVE READ AND UNDERSTOOD THE TERMS AND CONDITIONS OF THIS AGREEMENT AS IT IS APPLIES TO THIS PROJECT DESCRIBED IN THIS DOCUMENT (TERMS ATTACHED)

CLIENT NAME: _____ APPROVAL SIGNATURE: _____ DATE: _____ DESIGNER APPROVAL: _____