



Printing Request Form

Contact Information

Company name _____

Contact person _____

Address _____

Address2 _____

City _____ State _____ Zip _____

Telephone _____ Fax _____

Email _____

Send me the estimate via _____

Time Line Information

Today's date _____ Estimate needed by _____

Job to printer by _____ Delivery/due date _____

Job Specifications

Job name _____

Job number (if reprint) _____

Size flat _____ Size folded _____

Numbered pages _____

Self cover or Separate cover

One sided or Two sided

Inks _____

Bleeds _____

Screens _____

Tight registration _____

Artwork supplied digitally in:

InDesign Quark Publisher Word

Other _____

Howard Printing to do design and layout

Howard Printing to do scanning

Paper Choice #1 _____

Paper Choice #2 _____

Paper Choice #3 _____

Bindery instructions _____

Other finishing instructions _____

Special instructions _____

Quantity #1 _____

Quantity #2 _____

Quantity #3 _____

Shipping/delivery information _____

Terms: A 50% deposit is required for new clients.

Credit forms are available.

Is your organization tax exempt?

If yes, we will send you the appropriate form to complete and return to us.

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