

JANUTOL PRINTING ESTIMATE WORK SHEET

Company Name _____
Contact Person _____
E-mail Address _____
Phone _____
Fax _____
Date _____

Job # or Title _____
Quantity _____
Page Size _____ x _____
Flat Size _____ x _____
_____ Pages + Cover ___(yes)

TEXT

PAPER Weight _____ Coated Enamel Gloss ___ Dull ___ Matte ___ Offset ___
Color _____ Specific Paper _____

4 Color Process/ _____ side(s) + _____ PMS(s) + Aqueous or Varnish/ _____ side(s)
_____ PMS(s) / _____ side(s) + Aqueous or Varnish/ _____ side(s)

COVER

PAPER Weight _____ Coated Enamel Gloss ___ Dull ___ Matte ___ Offset ___
Color _____ Specific Paper _____

4 Color Process/ _____ side(s) + _____ PMS(s) + Aqueous or Varnish/ _____ side(s)
_____ PMS(s) / _____ side(s) + Aqueous or Varnish/ _____ side(s)

BINDERY

Trim ___ Fold ___ Score ___ Die Cut ___ Bind to booklet ___ Perfect Bind ___
Ship press sheets _____ Other _____

Comments (other pertinent information)

CUSTOMER WILL FURNISH

Disk (Digital File, in compatible form, fonts, all artwork and final proof) ___
Camera Ready Copy ___ Negatives _____ Paper _____ Plates _____

E-mail- janutol@earthlink.net or Fax- 313.526.2790