



VISION GRAPHICS INC

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PRINTING ESTIMATE SHEET

| | | | |
|--------------------|-------------|--------------------|-------------|
| ESTIMATE DUE _____ | | COMPANY NAME _____ | |
| CONTACT _____ | PHONE _____ | FAX _____ | EMAIL _____ |
| ADDRESS _____ | CITY _____ | STATE _____ | ZIP _____ |

JOB DESCRIPTION _____

QUANTITY(IES) _____ # OF PAGES _____

FLAT SIZE _____ FINISHED SIZE _____

MEDIA SUPPLIED FTP DISK LOOSE FILM COMPOSITE FILM OTHER

SET TYPE YES NO SEPARATIONS YES NO

TOTAL # SEPARATIONS

| SIZE | QUANTITY | SIZE | QUANTITY |
|------|----------|-------|----------|
| 2X3 | _____ | 8X10 | _____ |
| 4X5 | _____ | 10X12 | _____ |
| 5X7 | _____ | 11X17 | _____ |
| 6X9 | _____ | 20X26 | _____ |

OUTPUT SCREEN 200 (STANDARD) 175 150

PROOF BLUELINE MATCHPRINT LASER PRESSCHECK

PAPER STOCK FOR COVER _____ STOCK FOR TEXT _____

INK COVER SIDE 1 _____ COVER SIDE 2 _____ TEXT SIDE 1 _____ TEXT SIDE 2 _____

FINISHING TRIM TO _____ FOLD TO _____

BIND SADDLESTITCH PERFECT BIND DRILL

PACKAGING BULK PACK IN CARTON SHRINKWRAP QUANTITY/PACKAGE

REQUIRED SHIP DATE _____ DELIVERY TO _____

COMPANY NAME _____ PHONE NUMBER (____) _____

STREET _____ CITY _____ STATE _____ ZIP _____

SHIPPING METHOD UPS FEDEX TRUCK LINE VISION GRAPHICS TRUCK OVERNIGHT CUSTOMER PICK-UP

FED EX ACCOUNT # _____