



Triune Color
LITHOGRAPHERS

2605 N. RIVER ROAD, CINNAMINSON, NJ 08077

REQUEST QUOTE

Name: _____

Title: _____

Company: _____

Address: _____

Address 2: _____

City / State / Zip: _____

Phone / Ext: _____ Fax: _____

Mobile: _____

Email: _____

Web Site: _____

Have you worked with Triune Color before? Yes _____ No _____

If YES, who was your Account Manager? _____

Today's Date: _____

Need Quote by: _____

Drop Date (Date project will be delivered to Triune): _____

Delivery Date: _____

Name of Job: _____

Job Description: _____

Quantity: _____ Number of Pages: _____

Self-Cover: _____ Plus Cover: _____

Bleeds: Yes _____ No _____



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Text Stock: _____ Text Alternative: _____

Cover Stock: _____ Cover Alternative: _____

Other Stock: _____ Other Stock Alternative: _____

Ink Colors: Text: _____

Cover: _____

Other: _____

Coverage: Text: Light _____ Normal _____ Heavy _____

Cover: Light _____ Normal _____ Heavy _____

Materials and/or Disk Supplied: PC _____ MAC _____

Scan Supplied Copy _____ Number of Pages to Scan _____

Applications Used: _____

Film or Flats Supplied: One Piece Page Negs: _____

2-Page Printer Spreads: _____

4-Page Printer Spreads: _____

8-Page Printer Spreads: _____

Stripped Flats: _____

Separations: Transparencies _____ Reflective _____ Four-Color _____

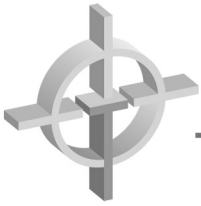
Duotones _____ Halftones _____ *Total Number of Separations:* _____

Final Sizes: _____

Proofing (Conventional): Dylux _____ Matchprint _____ Color Key _____

Proofing (Digital): Content Proof (Digital Dylux) _____ Iris Proof _____

Epson Color Proof _____ Creo Matchprint _____



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Check all bindery & finishing operations that apply:

Trim: _____

Score: _____

Perforate: _____

Fold: # of folds: _____ Type: _____

Saddle Stitch: _____

Perfect Bind: _____

Wire 'O' Bind: _____

Die Cut: _____

Glue Pockets: _____ No. of pockets: _____

Remoistenable Gum: _____

Emboss: _____

Foil Stamp: _____

Drill Holes: _____ No. of holes: _____

Paper Band: _____ Quantity per band: _____

Pad in: _____ Leaves per pad: _____

Shrink Wrap: _____ Quantity per package: _____

Pack Cartons: _____ Weight limit per carton: _____

Pack Skid-Cartons: _____

F.O.B.: _____

Additional Specifications:
