

Print Questionnaire

One product per questionnaire only!

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

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