



Company

Contact Name

Address

Phone Fax

Email

Preferred contact Phone Email Fax

Job Title

Size Flat Folded

Quantities 1 2 3 4

Colour CMYK (Full Colour) Spot PMS Colours

No of Sides Single Sided Double Sided

Art Supplied Yes No File format: [Please download our file requirement guide](#)

Bleeds Yes No

Proof Required Yes No

Format of Proof Fax Email PDF Hard copy delivered to client

Stock Colour Weight

Dieline Yes No New Knife Existing Knife

Finish None Machine Varnish Celloglaze: Matt Gloss

Other

Coverage All Over Spot Spot UV

Binding Details

Packaging

Delivery Address As Above/Or

Delivery required by