

YOUR COMPANY ADDRESS AND PHONE NUMBERS GO HERE.

## Print Questionnaire

One product per questionnaire only!

Company Name:

Contact Person:

Phone:

Fax:

Address:

City:

State:

Zip:

Email:

Web Site:

Job #:

Sales Rep:

Designer:

Project Title:

Today's Date:

Proof Date:

Due Date:

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:

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

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: \_\_\_\_\_