

QUOTATION

Refer to Quote #



Date _____
Customer Name _____ Contact _____
Fax # _____ Telephone _____
Email _____

Sample attached
 Sample on file at BWP
Previous Date & Invoice #

Booklet: (Please count each side of each sheet as a page, whether printed or not. Must be in increments of 4.)
No. of Pages: _____
Plus Cover: Yes No
Self Cover (count is included in no. of pages): Yes

SPECIFICATIONS:

Project Name: _____
Stock: _____
Weight, Color, Type, Carbonless (If carbonless, how many parts)
Ink Color Front: _____
(Example: Black, 2 Standard Colors, PMS, Full Color)
Ink Color Back: _____
(Example: Black, 2 Standard Colors, PMS, Full Color)
Bleeds: Yes No Number of Sides _____
Finished Size (flat): _____
Finished Size (folded): _____
Artwork Provided: _____

BINDERY:

Fold: Tri-Fold 1/2 Fold 1/4 Fold Other _____
Collate: Yes No
Stitching: Yes No
Perforate: Yes No How Many? _____
Scoring: Yes No How Many? _____
Numbering: Yes No
Spiral Binding: Yes No
Pad: Yes No Number of Sheets per pad: _____
Drill: Yes No Number of Holes: _____
Additional details: _____

TERMS: 50% Down Net 30 Days (open accts. only)

QTY:								
PRICE:								

WHEN COMPLETED, PLEASE PRINT AND FAX TO 810-664-6450

BLUE WATER PRINTING
"An Employee Owned Company"
645 McCormick Drive • Lapeer, MI 48446
(810) 664-0643 • Fax (810) 664-6450
www.bwponline.net
bluewaterprinting@sbcglobal.net

To receive this pricing, please refer to the Quote Number above when submitting your order. **GOOD FOR 90 DAYS.** Subject to change if parameters of job are found to be different than what quote is based upon. Prices do not include state sales tax or shipping, if applicable. **Past due invoices are subject to Late Fee Charges of 1.5% per month. By accepting this estimate you agree to terms stated above.**