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NS Printers #

ESTIMATE REQUEST

Company Name _____
 Contact Person _____
 Address _____
 Tel _____ Fax _____
 E-mail _____

DATE _____
 DUE _____
 P.O.# IF APPLICABLE
 PST# IF APPLICABLE

REQUEST

Is this New Order? Yes
 No → Repeat Order
 Repeat with Changes

JOB NAME _____

DESCRIPTION	BUSINESS CARD	LETTERHEAD	ENVELOPE
QUANTITY			
SIZE			
PAPER STOCK			
INK COLOUR			
OTHER REQUESTS			

SERVICES REQUIRED

NOTE

- Scan
- Design / Layout
- Typesetting
- Folding
- Perforation
- Die Cut
- Other _____