

OTS | PSS ESTIMATE REQUEST

Date of Estimate Request _____

Normal Delivery

RUSH Delivery

Requested delivery date for RUSH orders: _____

I N V O I C E T O		D E L I V E R T O	
	Attention: _____		Attention: _____

← **Total amount requested**

Contact Person: _____

Phone # _____ Email: _____

Is this a new form? YES NO, previous Job #: _____ ▶▶ Exact Repeat ▶▶ With Revisions

Is a Proof Required? No Yes **If Yes, What Type?** PDF Proof (Emailed) Laser Proof (Hard Copy) Color-Match Proof (Hard Copy)

DESCRIBE YOUR PRINT ITEM IN DETAIL:

Form No. (If applicable)	Revision Date (If applicable)	Job Name
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Include all information about your job including: type of stock, flat size, ink colors, front & back or front only, and any finishing operations such as: type of binding, folding, stapling, wrapping, rubber banding, padding/gluing, punching, etc.

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