



CUSTOMER SPECIFICATION SHEET

403 Brightseat Road • Landover, MD 20785 • phone: 301-499-9200 • fax: 301-499-9304

www.corppress.com

General Information

Estimate Number

Company _____ Contact Name _____
 Phone _____ Fax _____ Project Title _____
 PO Number _____ Date Artwork is ready _____ Date Due _____ Sales Person _____

Print Specifications

Number of pages: _____ Plus Cover Self Cover
 Quantity _____ Alternate quantities for estimates Qty 2 _____ Qty 3 _____ Qty 4 _____
 Finished Size 8 1/2 X 11 Other _____ X _____ Flat Size _____ X _____
 Artwork supplied as: File Other _____
 Proofing: Page Proofs (Before Blueline) Blueline (digital inkjet proof) Iris
 Scans: Color Output size: Up to 4 x 5 _____ Up to 9 x 12 _____ Over 9 x 12 _____ Total Color Scans: _____
 Grayscale Output size: Up to 4 x 5 _____ Up to 9 x 12 _____ Over 9 x 12 _____ Total Grayscale Scans: _____
 Ink Colors Text: _____ (Please specify PMS numbers) Bleeds Spot Varnish Flood Varnish Gloss or Dull
 Ink Colors Cover: _____ (Please specify PMS numbers) Bleeds Spot Varnish Flood Varnish Gloss or Dull
 Text Ink Coverage is: _____ Text Paper: _____
 Cover Ink Coverage is: _____ Cover Paper: _____
 Cover prints on: C-1 C-2 C-3 C-4 Alternate Paper: _____
 Binding: Fold only Saddle stitch Perfect bind Other _____

Special Instructions/Alternate Paper:

Delivery Instructions:

Delivery Instructions will be supplied at a later date.

Please include all shipping addresses, and the dates you expect them to arrive. If you do not have firm delivery instructions at the time of order, mark the box above. Instruct your customer service representative with instructions before the project is due to deliver. Also, consult your sales representative about delivery dates.

Mailing

Class of Mailing _____ Meter Live Stamp Permit # _____ Indicia is: _____
 Mail piece will be: _____ Size of envelope: _____ Number of inserts: _____ Presort Dedupe

Title of Inserts
