



**Information needed for
Standard & Custom
Duotab Order**

Order Quote

DUOTAB ORDER FORM

Salesperson: _____

Sold To _____ ID # _____
 Contact _____
 Street _____
 City _____ State _____ Zip _____
 Phone # _____ Fax # _____
 E-mail _____

ORDER	DATE ENTERED	TIME	ORDER ENTERED BY	SHIP DATE
P.O. #				

Job Title _____

Qty. No of Sets _____ No. of Tabs/Set _____

Total Tabs _____ No over/under add'l charge of 2-1/2% will apply
 Allow for STD 5% over/under allowance

Sheet Size

Before Installation	Installed in folder	Overall Size
		11 x 10 7/8" Left Flap 1 - Score 3/8" Tab Ext.

Paper 110 # Ivory (Std) Other: Wt: _____ Color: _____ Grade: _____

Printing

Dealer Imprint No Yes 3-line (Std) _____ (Position)
 On File

Body Copy No Front Same, All Tabs
 Yes Back Different, All Tabs
 Other-Explain →

Ink Color Black (Std) PMS # _____ Other _____

Peel Off Adhesive Backing 3/4" (Std) 1" (Non-Std) (Applied to front of sheet)

Tab Style

Suggested Format Option A Option B Other Option (Fill in any print style)

Front	Back	Front	Back	Front	Back	Front	Back

Tab Type Clear Mylar One Color Mylar _____ Assorted Mylar Colors
 Neon Clear Writable No Mylar Plain Paper

Tab Size

Extension 3/8" (Std.) Other _____

Shoulder Length 1/2" (Std.) Other _____

Tabs/Bank _____ No. Banks/Set _____ CUT: 1/ _____ th
 Tab Length: _____

Collate No Yes - In sets → Straight (Std) Reverse Other - (explain) →

Bonded Fasteners # Fasteners per sheet Two (Std.) One (Non-Std) Size 1-1/2" Capacity 2" Capacity Other _____ None

Fastener Location Standard Other (explain) _____

Assemble No Yes - In Folders / Folders Supplied By: _____
 Yes - Other- (explain) →

Boxing Inner Cartons (100 Tabs per ctn std) # Sets/Inner Ctn _____ (close to 100 Total Sheets)
 Bulk Other: _____

QUOTATION	DATE / TIME ENTERED	PRICE NEEDED BY
<input type="checkbox"/> Formal <input type="checkbox"/> Informal To _____		

PRICING **QUOTE #** _____
 Refer to this number when ordering

Quoted By: _____

SHIPPING: Approximately _____ working days after receipt of order and clarification of specifications and or Proof Approval

QTY _____ @ _____ = _____
 _____ @ _____ = _____
 _____ @ _____ = _____

NEW OR PREVIOUS ORDER INFORMATION

New Exact reprint Exact reprint w/changes in qty. only Reprint w/changes. As Noted

Prev. P.O. # _____
 Prev. HCM Job # _____

Artwork HCM to Typeset* (*Typestyle will be Helvetica Bold, All UPPER CASE unless otherwise specified).

Disk Furnished Scannable Art Supplied Other: _____

Mac (List Program) _____ PC (List Program) _____

Proof Required **TYPE OF PROOF** Laser Digital Epson PDF
 No Yes (Date/Time Required) Color Laser Other

Proof To: _____
 Fax # _____ E-Mail _____

Ship To _____
 Attn / Ref: _____
 Street _____
 City _____ State _____ Zip _____
 Ship to Phone # _____

Ship Via: Best way Ground - (Std) Pick-Up _____

NDA (8:30) Phone # _____ (required) 2nd Day (8:30) Phone # _____ (required)
 NDA (10:30) _____ 2nd Day (10:30) _____
 NDA (by 3:00)

512500 (Prepaid - add to invoice) 120450 (512450) (Add to job cost) Truck - collect Truck - 3rd party billing
 Acct # _____

Other Information:

This is an order from a Direct Line Buyers Guide Dealer