HCMiller
Print Evolutionaries

INFORMATION NEEDED FOR STANDARD & CUSTOM INDEX TAB ORDER

Order ☐ Quote ☐

INDEX 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. #				

QUOTATION	DATE / TIME ENTERED	PRICE NEEDED BY
☐ Formal ☐ Informal To_____		

PRICING

QTY

_____ @ _____ = _____

_____ @ _____ = _____

_____ @ _____ = _____

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

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 # _____

Job Title

Qty.

No of Sets

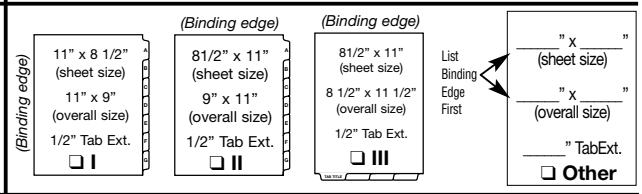
No. of Tabs/Set

Total Tabs

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

Sheet Size

Please Check Correct Format



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 _____

Paper

☐ 90 # White (std) ☐ 110 # White ☐ 90 # HCM Buff
☐ 90 # Ivory (std) ☐ 110 # Ivory
☐ Other: Wt: _____ Color: _____ Grade: _____

Printing

Tabs
☐ 1-Side
☐ 2-Sides (Std)
☐ None

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

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

Ink Color

☐ Black (Std) ☐ PMS # _____ ☐ Other _____

Binding edge Reinforc.

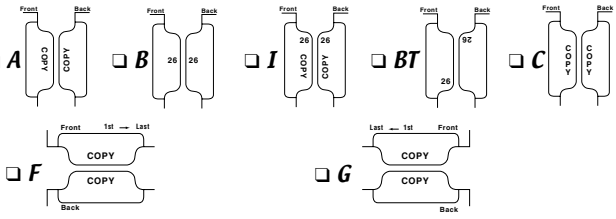
☐ No ☐ Yes 9/16" (Std) ☐ Other _____

Hole Punch

☐ None ☐ 2 Hole 5/16" diam. 2 3/4" C.C. (Std) 7/32 Flg.
☐ 3 Hole 5/16" diam. 8 1/2" C.C. (Std) 7/32 Flg
☐ Other No. Hole ____ Diam. ____ C-C ____

Holes located along the _____ " dimension.
(Draw holes on diagram above in Sheet Size.)

Tab Style



Tab Type

☐ Clear Mylar ☐ One Color Mylar _____ ☐ Assorted Mylar Colors
☐ Neon ☐ Clear Writable ☐ No Mylar Plain Paper ☐ Hi-Speed Plain Paper Copier Tabs

Tab Size

Extension
☐ 3/8" (Std.) ☐ 1/4" Non-Std. ☐ 5/8" Non-Std.
☐ 1/2" (Std.) ☐ 3/4" Non-Std.

Shoulder Length
☐ 1/2" (Std.) ☐ 1/4" ☐ Other _____
☐ 3/8" ☐ 1/8"

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

Collate

☐ No ☐ Yes - In sets → ☐ Straight (Std) ☐ Reverse ☐ w/Filler (explain) ☐ Other - (explain) →

Assemble

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

Wrap

☐ Shrink Wrap In sets ☐ None
☐ Poly Bag In sets ☐ Other - (explain) →

Boxing

☐ Inner Cartons (**250 Tabs** per ctn std) ☐ # Sets/Inner Ctn _____ (close to 250 Total Sheets)
☐ Bulk ☐ Other: _____

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:

HCM-225 (06/02)

This is an order from a Direct Line Buyers Guide Dealer