

QUOTATIONS

Date: _____ Please fax your quotation request to Star Products: (770) 222-4530

Dealer: _____ **Contact:** _____

Dealer Fax: _____ **Dealer Phone:** _____

ITEM: _____

Repeat job? NO (see below) YES – Previous Order # _____, dated _____

Any changes to previous job? NO YES - _____

QUANTITIES: _____

New Item:

Size: LETTER LEGAL Other: _____

End Tab Top Tab Special Tab: _____

Back Cover: _____point Red Wallet Manila Other: _____

Backlining: _____point Red Wallet Manila Other: _____

Frontlining: _____point Red Wallet Manila Other: _____

Front Cover: _____point Red Wallet Manila Other: _____

Gusset: Paper or Tyvek - Color: _____; _____" high; _____" expansion

Printed? NO YES Location: _____

Color of Ink: Black Blue Other: _____

Accessories: Eyelets - _____ (Qty) White Pull Loop Brown Pull Loop Velcro Closure

Tie Tape Closure Vinyl Pocket - _____ (Size) FLEX Tab Dividers Installed

Other specifications: _____

This is an order from a Direct Line Buyers Guide Dealer
