

▼001

REFERENCE DATE

FIRST NAME SURNAME

STREET ADDRESS

CITY STATE POSTCODE

TELEPHONE MOBILE

▼002

REFERENCE DATE

FIRST NAME SURNAME

STREET ADDRESS

CITY STATE POSTCODE

TELEPHONE MOBILE

▼003

REFERENCE DATE

FIRST NAME SURNAME

STREET ADDRESS

CITY STATE POSTCODE

TELEPHONE MOBILE

▼004

REFERENCE DATE

FIRST NAME SURNAME

STREET ADDRESS

CITY STATE POSTCODE

TELEPHONE MOBILE

▼005

REFERENCE DATE

FIRST NAME SURNAME

STREET ADDRESS

CITY STATE POSTCODE

TELEPHONE MOBILE

▼006

REFERENCE DATE

FIRST NAME SURNAME

STREET ADDRESS

CITY STATE POSTCODE

TELEPHONE MOBILE

▼007

REFERENCE		DATE	
<input type="text"/>		<input type="text" value="/ /"/>	
FIRST NAME	SURNAME		
<input type="text"/>	<input type="text"/>		
STREET ADDRESS			
<input type="text"/>			
CITY	STATE	POSTCODE	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
TELEPHONE	MOBILE		
<input type="text"/>	<input type="text"/>		

▼008

REFERENCE		DATE	
<input type="text"/>		<input type="text" value="/ /"/>	
FIRST NAME	SURNAME		
<input type="text"/>	<input type="text"/>		
STREET ADDRESS			
<input type="text"/>			
CITY	STATE	POSTCODE	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
TELEPHONE	MOBILE		
<input type="text"/>	<input type="text"/>		

▼009

REFERENCE		DATE	
<input type="text"/>		<input type="text" value="/ /"/>	
FIRST NAME	SURNAME		
<input type="text"/>	<input type="text"/>		
STREET ADDRESS			
<input type="text"/>			
CITY	STATE	POSTCODE	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
TELEPHONE	MOBILE		
<input type="text"/>	<input type="text"/>		

Client information sheet



CLIENT NAME:

POSITION

DEPARTMENT/DIVISION

COMPANY/ORGANISATION

STREET ADDRESS

CITY

STATE (ABV.)

POSTCODE

TELEPHONE

MOBILE

EMAIL

WEBSITE

WHAT IS THE NATURE OF THE CLIENT'S BUSINESS?

HOW LONG HAS THE COMPANY BEEN IN BUSINESS?

WHO ARE ITS COMPETITORS?

HAS THE CLIENT USED SIMILAR SERVICES, AND IF SO, IN WHAT CAPACITY?

WHAT ARE THE CLIENTS EXPECTATIONS?

WHAT IS THE SCOPE OF WORKS?

WHAT RANGE OF OUTCOMES IS ANTICIPATED (SUCCESS OR LACK OF)?

NOTES

Print quotation request



DATE: / /

PRINT SUPPLIER:

REPRESENTATIVE:

TELEPHONE:

MOBILE:

EMAIL:

PROJECT NAME:

REQUESTED BY:

General specifications

BRIEF DESCRIPTION OF ITEM

SIZE: A6 A5 A4 A3 A2 A1 A0 DL OTHER: X LENGTH:

INKS: CMYK PANTONE: OTHER:

QUANTITY (PER VARIATION):

ALTERNATIVE QUANTITIES:

VARIATIONS:

STOCK

WEIGHT (GSM):

SUPPLIER (IF KNOWN)

FINISHING (TOTALS): FOLDS: DRILLING: PERFORATIONS: EMBOSS/DEBOSS: DIE CUT/S: BINDING METHOD

Display & signage specifications

BRIEF DESCRIPTION OF ITEM

SIZE: 1500 X 850MM 2000 X 850MM 2000 X 1250MM 1500 X 850MM OTHER SIZE: X

QUANTITY (PER VARIATION):

ALTERNATIVE QUANTITIES:

VARIATIONS:

General instructions

MAILING DETAILS:

ITEMS PER PACK:

DELIVERY INSTRUCTIONS:

NOTES:

Quotation



Client/Project details

COMPANY/ORGANISATION:

CONTACT NAME:

TELEPHONE:

EMAIL:

PROJECT TITLE:

DATE:

Production items

DESCRIPTION	HOURS	RATE	TOTAL	DESCRIPTION	HOURS	RATE	TOTAL
CLIENT MEETINGS	<input type="text"/>	<input type="text"/>	<input type="text"/>	VENDOR CONSULTATIONS	<input type="text"/>	<input type="text"/>	<input type="text"/>
RESEARCH	<input type="text"/>	<input type="text"/>	<input type="text"/>	COPYWRITING/EDITING	<input type="text"/>	<input type="text"/>	<input type="text"/>
CONCEPT DEVELOPMENT	<input type="text"/>	<input type="text"/>	<input type="text"/>	PROOFING	<input type="text"/>	<input type="text"/>	<input type="text"/>
LAYOUT/DESIGN	<input type="text"/>	<input type="text"/>	<input type="text"/>	PRESS APPROVALS	<input type="text"/>	<input type="text"/>	<input type="text"/>
ART DIRECTION	<input type="text"/>	<input type="text"/>	<input type="text"/>	WEB DESIGN	<input type="text"/>	<input type="text"/>	<input type="text"/>
ILLUSTRATION/PHOTOSHOP	<input type="text"/>	<input type="text"/>	<input type="text"/>	OTHER SERVICES (1)	<input type="text"/>	<input type="text"/>	<input type="text"/>

External items

DESCRIPTION	TOTAL	DESCRIPTION	TOTAL	DESCRIPTION	TOTAL
PHOTOGRAPHY	<input type="text"/>	COMMISSIONED WORKS	<input type="text"/>	SPECIALIST SERVICES	<input type="text"/>
PHOTO LIBRARY	<input type="text"/>	PRINTING	<input type="text"/>	OTHER SERVICES (2)	<input type="text"/>

Cost summary

PRODUCTION ITEMS	EXTERNAL ITEMS	SUBTOTAL	GST	PROJECT TOTAL
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Client approval

NAME

SIGNATURE

DATE

NOTES:

This is an estimate only. Billing will reflect the actual costs incurred. This estimate is valid only for 6 months. Client requested changes will be billed additionally. The client will be notified of any price changes. E&OE.