

▼001

REFERENCE	DATE	
_____	_____	
FIRST NAME	SURNAME	
_____	_____	
STREET ADDRESS		
_____		
CITY	STATE	POSTCODE
_____	_____	_____
TELEPHONE	MOBILE	
_____	_____	

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REFERENCE	DATE	
_____	_____	
FIRST NAME	SURNAME	
_____	_____	
STREET ADDRESS		
_____		
CITY	STATE	POSTCODE
_____	_____	_____
TELEPHONE	MOBILE	
_____	_____	

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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	
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FIRST NAME	SURNAME	
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STREET ADDRESS		
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CITY	STATE	POSTCODE
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TELEPHONE	MOBILE	
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REFERENCE	DATE	
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STREET ADDRESS		
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CITY	STATE	POSTCODE
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TELEPHONE	MOBILE	
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REFERENCE	DATE	
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FIRST NAME	SURNAME	
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STREET ADDRESS		
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CITY	STATE	POSTCODE
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TELEPHONE	MOBILE	
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# Client information sheet



CLIENT NAME:

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POSITION

DEPARTMENT/DIVISION

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COMPANY/ORGANISATION

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STREET ADDRESS

---

CITY

STATE (ABV.)

POSTCODE

---

TELEPHONE

MOBILE

(     )

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EMAIL

---

WEBSITE

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WHAT IS THE NATURE OF THE CLIENT'S BUSINESS?

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HOW LONG HAS THE COMPANY BEEN IN BUSINESS?

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WHO ARE ITS COMPETITORS?

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

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WHAT ARE THE CLIENTS EXPECTATIONS?

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WHAT IS THE SCOPE OF WORKS?

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

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NOTES

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# 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 \_\_\_\_\_ MM LENGTH: \_\_\_\_\_ PP

INKS:  CMYK  PANTONE: \_\_\_\_\_ OTHER: \_\_\_\_\_

QUANTITY: \_\_\_\_\_ ALTERNATIVE QUANTITIES: \_\_\_\_\_ VARIATIONS: \_\_\_\_\_

STOCK \_\_\_\_\_ WEIGHT (GSM): \_\_\_\_\_

SUPPLIER (IF KNOWN): \_\_\_\_\_

FINISHING (TOTALS): \_\_\_\_\_ FOLDS: \_\_\_\_\_ DRILLING: \_\_\_\_\_ PERFORATIONS: \_\_\_\_\_ EMBOSS: \_\_\_\_\_ 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 \_\_\_\_\_ MM

QUANTITY: \_\_\_\_\_ ALTERNATIVE QUANTITIES: \_\_\_\_\_ VARIATIONS: \_\_\_\_\_

## General instructions

MAILING DETAILS: \_\_\_\_\_ ITEMS PER PACK: \_\_\_\_\_

DELIVERY INSTRUCTIONS: \_\_\_\_\_

\_\_\_\_\_

# Quotation



## Client/Project details

COMPANY/ORGANISATION:

CONTACT NAME:

TELEPHONE:

MOBILE:

( )

EMAIL:

PROJECT TITLE:

DATE:

## Production items

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

## External items

DESCRIPTION	TOTAL	DESCRIPTION	TOTAL	DESCRIPTION	TOTAL
PHOTOGRAPHY		COMMISSIONED WORKS		SPECIALIST SERVICES	
PHOTO LIBRARY		PRINTING		OTHER SERVICES (2)	

## Cost summary

PRODUCTION ITEMS	EXTERNAL ITEMS	SUBTOTAL	GST	PROJECT TOTAL

## 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.