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FIRST NAME	SURNAME		
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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 _____ 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.