

QUICK TAB II, INC. - QUOTATION FORM

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FROM: _____ TO: _____ DATE: _____ DELIVERY TIME _____ WORK DAYS _____

DISTRIBUTOR _____ ITEM _____ QUOTE # _____ (for factory use)

FAX # / EMAIL ADDRESS _____

THIS QUOTATION IS VALID FOR 30 DAYS.

- Exact Repeat Change Repeat New Snap Envelope Cont. Check Laser Check Edge Glue Other
 Ref. Job # _____ Cont. Form Laser Form Digital

This quotation is valid only if all of the specifications are met on this quotation.

Send orders to: info@qt2.com Send artwork to: artdepartment@qt2.com

Please visit our website: www.qt2.com

- Set Copy C/R Supplied Disk/Email Supplied

Composition Charge: \$ _____ (for factory use)

| Quantity | Price (for factory use) | | ADDITIONAL OPTIONS |
|----------|-------------------------|---|--------------------|
| _____ | _____ | <input type="checkbox"/> per/m <input type="checkbox"/> lot | _____ |
| _____ | _____ | <input type="checkbox"/> per/m <input type="checkbox"/> lot | _____ |
| _____ | _____ | <input type="checkbox"/> per/m <input type="checkbox"/> lot | _____ |
| _____ | _____ | <input type="checkbox"/> per/m <input type="checkbox"/> lot | _____ |
| _____ | _____ | <input type="checkbox"/> per/m <input type="checkbox"/> lot | _____ |
| _____ | _____ | <input type="checkbox"/> per/m <input type="checkbox"/> lot | _____ |

| PART | OVERALL SIZE | COLOR | WT. | TYPE | 1st Ink | Plate | 2nd Ink | Plate | 3rd or Back | Plate | 4th or Back | Plate |
|------|--------------|-------|-----|------|---------|-------|---------|-------|-------------|-------|-------------|-------|
| 1 | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | |

| FEATURES | NUMBERING | EDGE GLUE | PERFORATIONS |
|---|---|---|---|
| <input type="checkbox"/> Void Panto <input type="checkbox"/> Thermo Ink <input type="checkbox"/> Opaque Ink <input type="checkbox"/> Custom Backer <input type="checkbox"/> Bleeds <input type="checkbox"/> Tight Registration | ARABIC: <input type="checkbox"/> YES <input type="checkbox"/> RED <input type="checkbox"/> NO <input type="checkbox"/> BLACK COLOR PRESS OPTION <input type="checkbox"/> NO. POSITIONS _____ GUARANTEED: <input type="checkbox"/> MICR: <input type="checkbox"/> YES <input type="checkbox"/> STATIC <input type="checkbox"/> NO <input type="checkbox"/> CONSEC <input type="checkbox"/> BLEED-THRU | <input type="checkbox"/> YES <input type="checkbox"/> NO STUB FOR SNAP <input type="checkbox"/> TOP <input type="checkbox"/> RIGHT <input type="checkbox"/> BOTTOM <input type="checkbox"/> LEFT SIZE _____ | <input type="checkbox"/> HORIZONTAL <input type="checkbox"/> FULL <input type="checkbox"/> PARTIAL LOCATION _____ <input type="checkbox"/> VERTICLE <input type="checkbox"/> FULL <input type="checkbox"/> PARTIAL LOCATION _____ _____ LEFT _____ RIGHT |

| MARGINAL WORDS | PADDING | BINDING | PUNCHING | PACKAGING |
|---|---|--|---|--|
| <input type="checkbox"/> YES <input type="checkbox"/> NO NO. _____ PARTS _____ | LOTS OF <input type="checkbox"/> 25 <input type="checkbox"/> 50 <input type="checkbox"/> 100 OTHER _____ CHIPBOARD BACK _____ | <input type="checkbox"/> COIL <input type="checkbox"/> SADDLE STICH <input type="checkbox"/> WIRE OTHER _____ | <input type="checkbox"/> YES <input type="checkbox"/> NO NO. _____ TOP SIZE _____ BOT C TO C _____ LFT PARTS _____ RT | FORMS PER CARTON _____ BULK _____ SHRINK WRAP _____ CHIPBOARD _____ |
| FOLDING <input type="checkbox"/> YES <input type="checkbox"/> NO HOW _____ | | | | |

ADDITIONAL INFORMATION: