



ESTIMATE REQUEST FORM

PLEASE USE THIS FORM TO FAX OR E-MAIL US
YOUR REQUEST FOR AN ESTIMATE
Fax 908-241-2487 or E-Mail estimating@ajimages.com

Company _____ Date _____
Address _____ Contact _____
Phone _____ Fax _____ e-mail _____ Cell Ph. _____

Project Name _____

QUANTITY: A B C D E

FLAT SIZE: _____ FINISHED SIZE: _____
of Pages _____ Plus Cover Self Cover

Paper Stock
Cover Weight _____ Type/Brand _____ Finish _____
Text Weight _____ Type/Brand _____ Finish _____
Other Weight _____ Type/Brand _____ Finish _____

Ink Colors per Side
Cover _____
Text _____
Other _____

Varnish or Aqueous
Cover Gloss Satin Dull
 Full Spot Sides _____
Text Full Spot Sides _____
Other Full Spot Sides _____

Bleeds
Cover Yes No
Text Yes No
Other Yes No

of Scans Needed
B&W Photos # of _____ Largest Size _____
Color Photos # of _____ Largest Size _____
Slides # of _____ Largest Size _____
Chromes # of _____ Largest Size _____
Other # of _____ Largest Size _____

Disk Supplied
 MAC PC
Program _____ Version _____

Bindery
 Fold Stitch Score/Perf Diecut
 Other _____

MISC NOTES

DIAGRAM / NOTES

QUOTE NEEDED BY JOB RELEASE DATE JOB DUE DATE



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