

PLEASE fill out this form and send it with your file. Thank you!

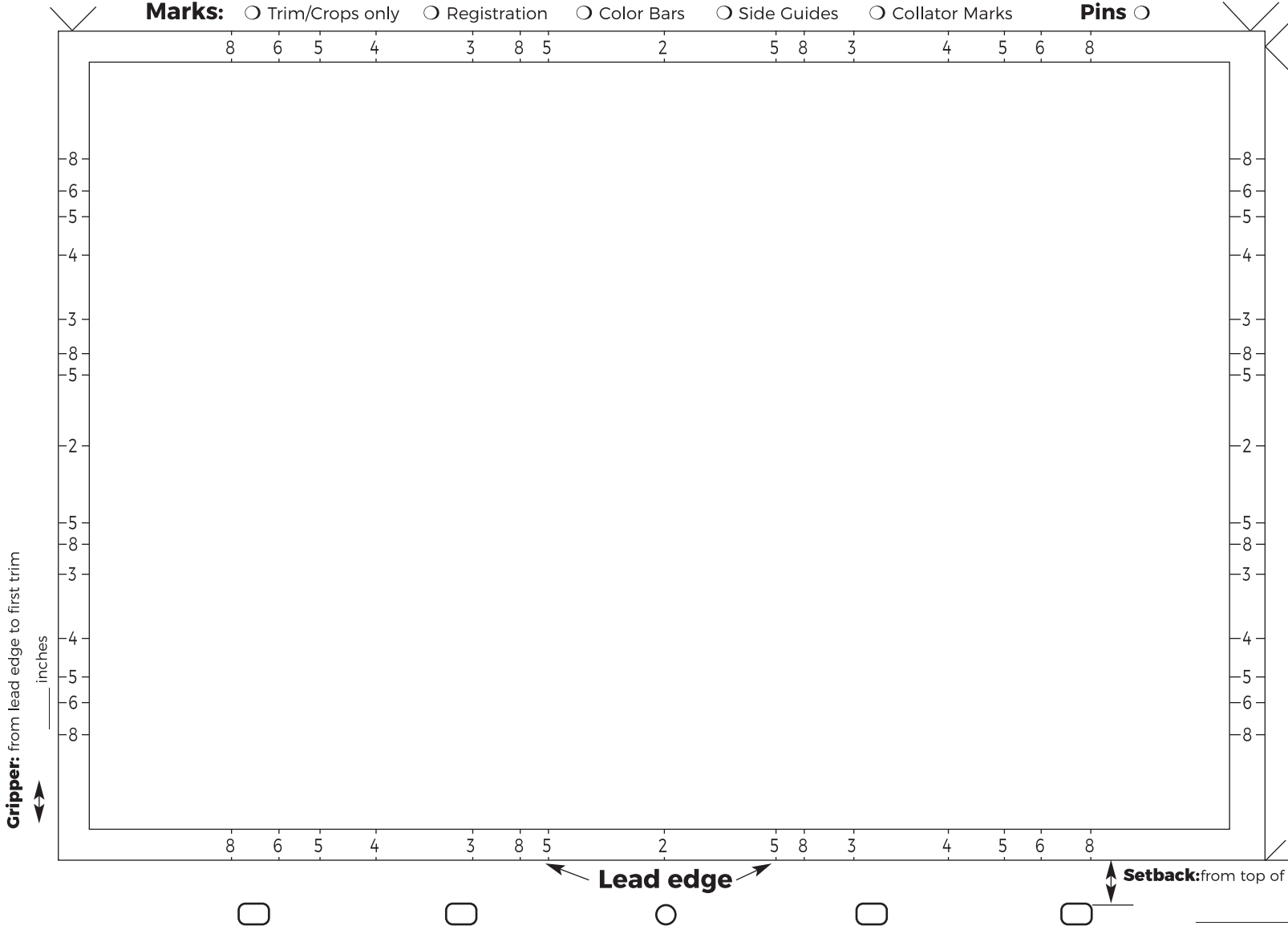
Company: _____ Phone: _____ E-mail: _____ Date: _____

Your Name: _____ Job or File Name: _____

Press sheet size: _____ Trim size: _____ Fold size: _____ Gutters: _____ Bleeds: _____ No. of pages: _____

Number sequence: _____ Folio format: _____

Marks: Trim/Crops only Registration Color Bars Side Guides Collator Marks **Pins**



IMPOSITION:

- Sheetwise _____
- Work & turn _____
- Work & tumble _____
- One sided _____

FOLDING:

BINDING:

- Saddle stitch
- Perfect bind
- Shingling required:**
paper thickness: _____ ml

