

GLUE-BIND PREMAILER ORDER FORM

Please complete with your envelope converting requirements.

Company Name: _____ Date: _____
 Address: _____
 Contact Name: _____ Phone: _____
 Email Address: _____ Fax: _____
 PO #: _____ Job #: _____
 Job Name: _____

QUANTITY

Finished Quantity _____ Overrun _____ Sample _____

Please list multiple copy changes. (Let us know if you have more than one copy change per run)

SIZE

Net flat sheet size before folding _____
 Finished folded size _____

PRODUCTION INSTRUCTIONS (Please check appropriate specifications)

Number of panels (count glued pocket as one and two) _____

Re-moisten edge gum only:

Re-moisten edge gum, and: score 1 perf 2 perfs

Re-moisten edge gum and fold: score 1 perf 2 perfs

With glued pocket and re-moisten gum, and: score 1 perf 2 perfs

Double parallel fold

Roll fold

PRICE BREAKDOWN (Please check our price sheet and complete this section accordingly)

Setup Charge \$ _____
 Price/1,000 \$ _____
 Trim Cutting \$ _____
 Grain Wrong Setup Charge \$ _____
TOTAL \$ _____

Printed stock will arrive to ECS on _____ Will Call/Ship Date _____
 MM/DD/YY MM/DD/YY

SHIPPING INSTRUCTIONS

