



Meridian Printing

ESTIMATE NEEDED: _____ TODAYS DATE: _____

CUSTOMER: _____

ADDRESS: _____

CONTACT: _____

TELEPHONE NUMBER: _____ FAX NUMBER: _____

EMAIL: _____

Please fax to
401.885.1350

PURPOSE OF ESTIMATE: Budget Competitive

ESTIMATED PRINT DATE: _____

DO YOU HAVE A MERIDIAN SALES PERSON? Yes No

MERIDIAN SALES PERSON: _____

Because of the many options in the process of book binding, we prefer that you contact us directly at Meridian to discuss your bookprinting projects. Thank you.

TITLE OF PRODUCT: _____

WHAT IS IT? _____

QUANTITY: Quantity I: _____ Quantity II: _____ Quantity III: _____

Quantity IV: _____ Quantity V: _____ Quantity VI: _____

FORMAT: # Of Pages Self Cover Plus Cover

Size Flat (Text): _____ Size Folded (Text): _____

Size Flat (Cover): _____ Size Folded (Cover): _____

TEXT COLORS: Side I: Number or Colors Process PMS Metallic

Varnish Over All Spot Gloss Dull Tinted

Bleed No Bleed

Side II: Number or Colors Process PMS Metallic

Varnish Over All Spot Gloss Dull Tinted

Bleed No Bleed

COVER COLORS: Side I: Number or Colors Process PMS Metallic

Varnish Over All Spot Gloss Dull Tinted

Bleed No Bleed

Side II: Number or Colors Process PMS Metallic

Varnish Over All Spot Gloss Dull Tinted

Bleed No Bleed

STOCK (TEXT) Option I: _____

Option II: _____

Option III: _____

STOCK (COVER) Option I: _____

Option II: _____

Option III: _____

STOCK (OTHER) Option I: _____

Option II: _____

Option III: _____

Please continue on page two.

