



3030 Lowell Drive
Green Bay, WI 54311
Toll Free: 800-829-6555

Sold To _____ ID # _____
Contact _____
Street _____
City _____ State _____ Zip _____
Phone # _____ Fax # _____
E-mail _____

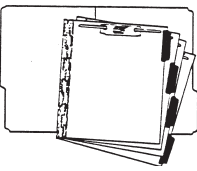
ORDER	DATE ENTERED	TIME	ORDER ENTERED BY	REQUESTED SHIP DATE OR DELIVERY DATE
P.O. #				

Job Title _____

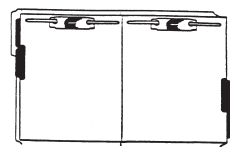
Qty.	No. of Sets	No. of Tabs/Set
	<input type="checkbox"/> Total Tabs <input type="checkbox"/> No over/under add'l charge of 2-1/2% will apply <input type="checkbox"/> Allow for STD 5% over/under allowance	

Sheet Size

Before Installation



Installed in folder



Overall Size
11 x 10
7/8" Left Flap
1 - Score
3/8" Tab Ext.

Paper
 110 # Ivory (Std)
 Other: Wt: _____ Color: _____ Grade: _____

Printing

Tabs <input type="checkbox"/> 1-Side <input type="checkbox"/> 2-Sides (Std) <input type="checkbox"/> None	Dealer Imprint <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> 3-line (Std) _____ <input type="checkbox"/> On File (Position) _____ Body Copy <input type="checkbox"/> No <input type="checkbox"/> Front <input type="checkbox"/> Same, All Tabs <input type="checkbox"/> Yes <input type="checkbox"/> Back <input type="checkbox"/> Different, All Tabs <input type="checkbox"/> Other-Explain →
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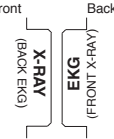
Ink Color
 Black (Std) PMS # _____ Other _____

Peel Off Adhesive Backing
 3/4" (Std) 1" (Non-Std) (Applied to front of sheet)

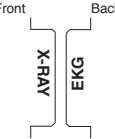
Tab Style

Suggested Format Option A Option B Other Option (Fill in any print style)

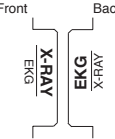
Front Back



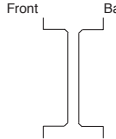
Front Back



Front Back



Front Back



Tab Type
 Clear Mylar One Color Mylar _____ Assorted Mylar Colors
 Neon Clear Writable No Mylar Plain Paper

Tab Size

Extension <input type="checkbox"/> 3/8" (Std.) <input type="checkbox"/> Other _____	Shoulder Length <input type="checkbox"/> 1/2" (Std.) <input type="checkbox"/> Other _____
Tabs/Bank <input type="checkbox"/> _____	No. Banks/Set <input type="checkbox"/> _____
CUT: 1/ _____ th Tab Length: _____	

Collate
 No Yes - In sets → Straight (Std)
 Reverse Other - (explain) →

Bonded Fasteners
 # Fasteners per sheet Two (Std.) One (Non-Std) Size 2" Capacity Other _____
 None

Fastener Location
 Standard Other (explain) _____

Assemble
 No Yes - In Folders / Folders Supplied By: _____
 Yes - Other- (explain) →

Boxing
 Inner Cartons (100 Tabs per ctn std) # Sets/Inner Ctn _____ (close to 100 Total Sheets)
 Bulk Other: _____

Order Quote

DUOTAB ORDER FORM

Salesperson: _____

QUOTATION	DATE / TIME ENTERED	PRICE NEEDED BY
<input type="checkbox"/> Formal <input type="checkbox"/> Informal To: _____		

PRICING QUOTE # _____
 Refer to this number when ordering
 QTY _____ @ _____ = _____
 _____ @ _____ = _____
 _____ @ _____ = _____
SHIPPING:
 Approximately _____ working days after receipt of order and clarification of specifications and or Proof Approval

NEW OR PREVIOUS ORDER INFORMATION

New
 Exact reprint
 Exact reprint w/changes in qty. only
 Reprint w/changes. As Noted

Prev. P.O. # _____
 Prev. Viridium Job # _____

Artwork Viridium to Typeset* (*Typestyle will be Helvetica Bold, All UPPER CASE unless otherwise specified).

Electronic Files Furnished Scannable Art Supplied Other: _____
 Mac (List Program) _____ PC (List Program) _____

Proof Required TYPE OF PROOF Laser Digital Epson PDF
 No Yes _____ (Date/Time Required) Color Laser Other
 Proof To: _____ IR 110 Proof IKON 8050 Color Proof
 E-Mail _____

Ship To _____

Attn / Ref: _____

Street _____

City _____ State _____ Zip _____

Ship to Phone # _____

Ship Via: Best way Ground - (Std) Pick-Up _____
 NDA (8:30) Phone # _____ (required) 2nd Day (8:30) Phone # _____ (required)
 NDA (10:30) _____ (required) 2nd Day (10:30) _____ (required)
 NDA (by 3:00) Inside Delivery
 LTL Truck - collect
 Freight Included Truck - 3rd party billing
 Acct # _____

Other Information:

