pavlik laminating

EMAIL THE FORM

# Quote Request

## One Side Lamination

Company Name:_____

Contact Name: _____ Phone: _____

☐ Email:_____ OR ☐ Fax: _____

Sheet Size to Us: _____" X _____ "

Image Area: _____" X _____ "

*WE NEED, AT LEAST 1/2" ALL THE WAY AROUND THE PERIMETER OF THE PRESS SHEET, BEYOND THE IMAGE

Paper Weight:_____

(lb. or point thickness)

*MUST MIC OUT TO AT LEAST 5 PT. THICK, WITH A MAXIMUM THICKNESS OF 24 PT.

Paper Type: ☐ Bond/Text/Book
☐ Cover/Index
☐ Other: _____

Paper Coating:

☐ Coated one side ☐ Coated two sides ☐ Uncoated

Type of Ink:

☐ Offset Press ☐ Indigo ☐ Other Digital Color Copier (Please Specify): _____

☐ 4/4 OR ☐ 4/0

Quantity:

☐ Single Original OR ☐ Multiple Originals

Quantity of sheets: _____ How Many: _____ Quantity of Each:_____

☐ Collated:

Qty of Sets: _____ Sheets per Set: _____

*IF YOU WANT SEPARATOR SHEETS, THEY MUST BE THE SAME STOCK AS THE JOB AND MUST BE LAMINATED. YOU WILL BE CHARGED FOR THEM! IF THE STOCK IS DIFFERENT, THEY WILL HAVE TO BE REMOVED. YOU WILL BE CHARGED TO REMOVE AND/OR REINSERT!*

Film Type:

☐ Polyester
☐ Polypropylene
☐ Nylon/Curl Free

Film Finish:

☐ Gloss
☐ Matte (Please Specify:("soft touch", Scuff Resistant, etc.): _____
☐ Other (Please Specify):

☐ Laminate one side OR ☐ Laminate TWO SIDES

Project Notes/Special Instructions:_____

_____

_____

_____