



pavlik laminating

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: _____

