



TAB SPECIFICATION SHEET

TAB QUOTE

ATTN: _____

DATE: _____


COMPANY _____

Phone: _____

Fax: _____

QUANTITY	_____ Sets	tabs per set _____
BANKS	tabs per bank _____	banks _____
SIZE OF TAB	extension 1/2" _____	
SHEET SIZE	binding edge _____	over all size _____
PAPER	grade _____ colour _____	weight _____
COLOUR OF INK	Black <input type="checkbox"/>	Other _____
TAB PRINTING	print 1 side <input type="checkbox"/>	print 2 sides <input type="checkbox"/>
BODY PRINTING	print 1 side <input type="checkbox"/>	print 2 sides <input type="checkbox"/>
MYLAR ON TAB	Clear <input type="checkbox"/>	Other _____
PROOFS REQUIRED	Yes <input type="checkbox"/>	No <input type="checkbox"/>
REINFORCED HOLES	Yes <input type="checkbox"/>	No <input type="checkbox"/>
COLLATED	Yes <input type="checkbox"/>	No <input type="checkbox"/>
DRILLED	Yes <input type="checkbox"/>	No <input type="checkbox"/> # Holes _____
PACKAGE	BULK <input type="checkbox"/>	Paper Banded <input type="checkbox"/> Diam. _____ Centers _____
		Poly Bag <input type="checkbox"/>

STYLE

STYLE "A"
 
 STYLE "C"
 "D" STYLE

Please fax back to: 416-663-9255 or 1-888-860-8372