



Quote Form

GENERAL INFORMATION

* Information required

Company*	<input type="text"/>
Address*	<input type="text"/>
Contact Person*	<input type="text"/>
Phone*	<input type="text"/>
Fax	<input type="text"/>
Email Address*	<input type="text"/>
Website	<input type="text"/>

PRINTING SPECIFICATIONS

Title	<input type="text"/>
Trim Size	<input type="text"/> (H) <input type="text"/> (W)
Format	<input type="checkbox"/> Portrait <input type="checkbox"/> Landscape
Page Count	<input type="text"/>
Binding	<input type="text"/>
Details	<input type="text"/>
Material Supplied	<input type="checkbox"/> Digital files <input type="checkbox"/> Film

PACKING & SHIPPING

Quantity	<input type="text"/>
Packing	<input checked="" type="checkbox"/> Export cartons (mandatory) <input type="checkbox"/> Export pallets <input type="checkbox"/> Paper wrapped <input type="checkbox"/> Individual shrink-wrapping
Shipping	<input type="checkbox"/> FOB Hong Kong <input type="checkbox"/> CIF destination port <input type="checkbox"/> Door delivery
Delivery Address	<input type="text"/>
Remarks / Special Requirements	<input type="text"/>