

SALESMAN: _____	
COMPANY NAME: _____	
ADDRESS: _____	
CITY: _____ STATE _____ ZIP _____	
QUANTITY	NO. OF SETS _____ NO. OF TABS PER SET _____
SHEET SIZE	BINDING EDGE: _____ TAB EXTENSION _____ OVERALL WITH TAB EXT: _____
PAPER	WEIGHT: _____ COLOR: _____
KIND OF TAB	MYLAR..... <input type="checkbox"/> WRITEABLE..... <input type="checkbox"/> PLAIN DIE CUT (PDC)..... <input type="checkbox"/> INSERTABLE..... <input type="checkbox"/> LEATHER..... <input type="checkbox"/>
COLOR OF TABS	ALL CLEAR..... <input type="checkbox"/> COLORED..... <input type="checkbox"/>
REINFORCED BINDING EDGE	YES..... <input type="checkbox"/> NO..... <input type="checkbox"/> MYLAR 9/16..... <input type="checkbox"/> MYLAR 3/4..... <input type="checkbox"/>
COLOR OF INK	BLACK..... <input type="checkbox"/> PMS# _____
PRINTING	PRINT ONLY ONE SIDE..... <input type="checkbox"/> PRINT BOTH SIDES OF TAB..... <input type="checkbox"/> BODY PRINTING 1 SIDE..... <input type="checkbox"/> BODY PRINTING 2 SIDES..... <input type="checkbox"/>
COLLATED IN SETS	YES..... <input type="checkbox"/> NO..... <input type="checkbox"/>
SPECIAL PACKAGING	POLYBAG..... <input type="checkbox"/> OTHER _____
SIZE OF TAB	EXTENSION 1/4"..... <input type="checkbox"/> 3/8"..... <input type="checkbox"/> CUT: _____ 1/2"..... <input type="checkbox"/> 5/8"..... <input type="checkbox"/> # OF BANKS _____
PUNCHING (If punching is unusual, enclose sample sheet or fax)	YES..... <input type="checkbox"/> NO..... <input type="checkbox"/> NO. OF HOLE _____ HOLE IN DIAMETER _____ OUTSIDE CENTERS _____ TOP..... <input type="checkbox"/> SIDE..... <input type="checkbox"/>

DATE: \_\_\_\_\_

PRICE \_\_\_\_\_

QUOTE# \_\_\_\_\_

F.O.B. Factory (Freight not included)

Special Instructions: \_\_\_\_\_

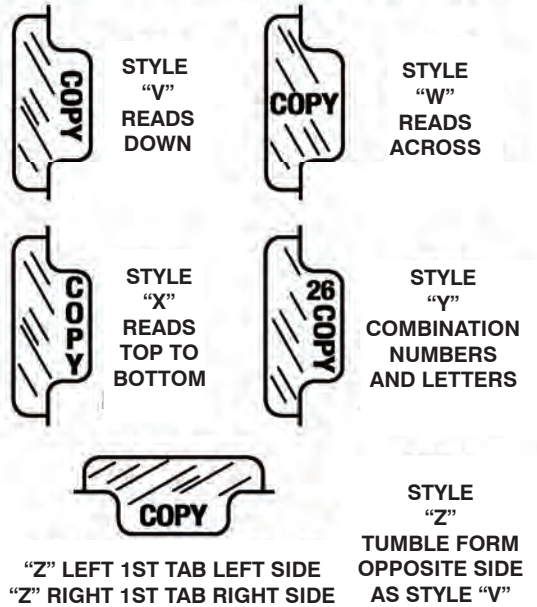
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Tab Printing Variations



750 New Horizons Blvd.  
N. Amityville, NY 11701

Phone: 800-343-4331  
Fax: 631-225-1050

Hank Cartabuke Ext. 307  
Email: HankC @ Kleer-Fax.com

Nebie Bajrami Ext. 303  
Email: NebieB @ Kleer-Fax.com

Visit our website:  
[www.Kleer-Fax.com](http://www.Kleer-Fax.com)

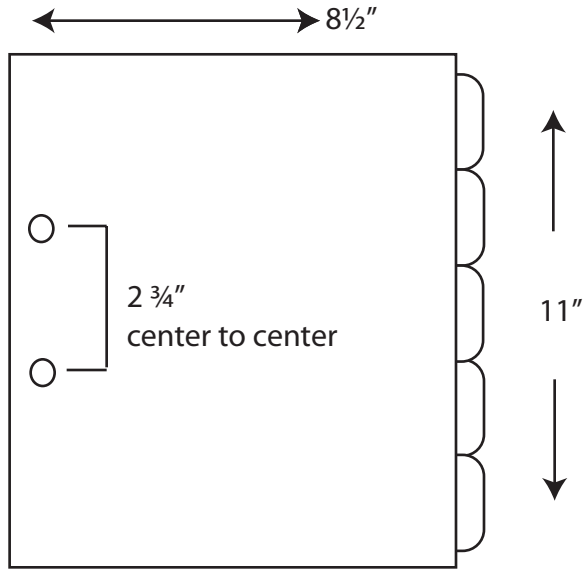
# Custom Expandable Products Check List

Job/Quote # \_\_\_\_\_ Date: \_\_\_\_\_ Quoted By \_\_\_\_\_ Customer PO# \_\_\_\_\_

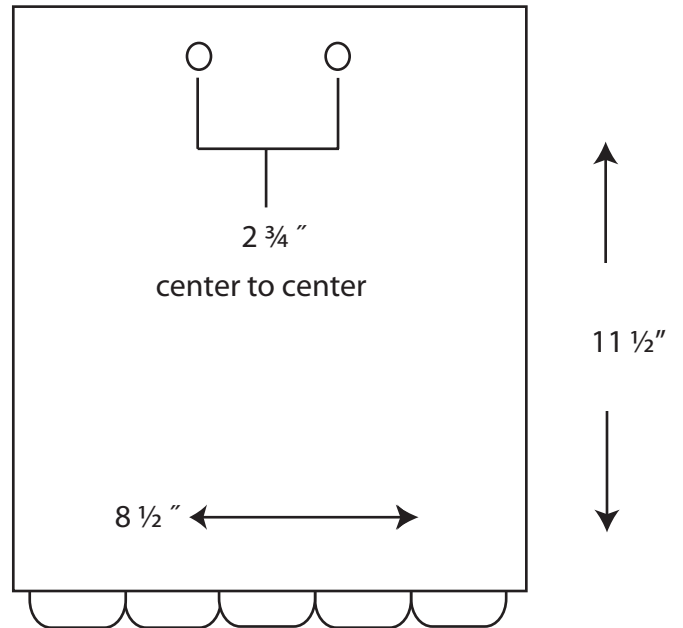
<b>Customer Name</b> _____  <b>Customer Contact:</b> _____  <b>Phone</b> _____ <b>Fax</b> _____	<b>Job Due Date:</b> _____ <b>Quoted Cost:</b> _____ <b>F.O.B.</b> <input type="checkbox"/> <b>Factory</b> <input type="checkbox"/> <b>Delivered</b>  <b>Samples Required</b> <input type="checkbox"/> <b>Samples Submitted</b> <input type="checkbox"/>
<b>Quantity</b> _____ <b>Ctn Count</b> _____	<b>Competitive Product</b> _____
<b>Item Style:</b> <input type="checkbox"/> <b>Expanding Wallet</b> <input type="checkbox"/> <b>File Pocket</b> <input type="checkbox"/> <b>Vertical Expanding File</b> <input type="checkbox"/> <b>Expanding File</b> <input type="checkbox"/> <b>File Folder</b> <b># of Partitions</b> _____	
<b>Dimensions:</b> <b>Front:</b> <b>Length</b> _____ <b>x Height</b> _____ <b>x Thickness Front</b> _____ <b>Back::</b> <b>Length</b> _____ <b>x Height</b> _____ <b>x Thickness Back</b> _____ <b>Flap:</b> <b>Length</b> _____ <b>x Height</b> _____ <b>x Thickness</b> _____	
<b>Stock Type:</b> <b>Stock/Color</b> _____ <b>Weight</b> _____ <b>Total Thickness</b> _____ <b>Front/Outside Color</b> _____ <b>Inside Color</b> _____ <b>Total Thickness</b> _____ <b>Back/Outside Color</b> _____ <b>Inside Color</b> _____ <b>Total Thickness</b> _____	
<b>Gusset:</b> <b>Gusset Expansion</b> <input type="checkbox"/> <b>1 3/4"</b> <input type="checkbox"/> <b>3 1/2"</b> <input type="checkbox"/> <b>5 1/4"</b> <input type="checkbox"/> <b>7"</b> <b>Other</b> _____ <b>Gusset Material</b> <input type="checkbox"/> <b>Paper</b> <input type="checkbox"/> <b>Tyvek</b> <b>Color</b> _____ <b>Thickness</b> _____ <b>Gusset Height</b> <input type="checkbox"/> <b>1 1/2"</b> <input type="checkbox"/> <b>5 1/2"</b> <input type="checkbox"/> <b>6 1/2"</b> <b>Other</b> _____ <b>Gusset Lining</b> <input type="checkbox"/> <b>Red Wallet</b> <input type="checkbox"/> <b>White</b> <b>Mylar Reinforced</b> <input type="checkbox"/> <b>Clear</b> <input type="checkbox"/> <b>Gold</b> <input type="checkbox"/> <b>None</b>	
<b>Flap/</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <b>Reinforced</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <b>Length</b> _____ <b>Scored:</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <b># of Scores</b> _____ <b>Spacings</b> _____	
<b>Closure:</b> <input type="checkbox"/> <b>Elastic</b> <input type="checkbox"/> <b>Spring</b> <input type="checkbox"/> <b>Velcro</b> <b>Other</b> _____	
<b>Eyelet/</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <b>Quantity</b> _____ <b>Location</b> _____	
<b>Rivets:</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <b>Quantity</b> _____ <b>Location</b> _____	
<b>Tab:</b> <b>Tab Location</b> <input type="checkbox"/> <b>Top</b> <input type="checkbox"/> <b>Side</b> <input type="checkbox"/> <b>Length</b> <b>Tab Extention</b> <input type="checkbox"/> <b>1/2"</b> <input type="checkbox"/> <b>3/4"</b> <input type="checkbox"/> <b>1"</b> <b>Tab Position</b> _____ <b>Tick Marks</b> <input type="checkbox"/> <b>Top</b> <b>Flexible Tab</b> <input type="checkbox"/>	
<b>Printing</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <b>Ink</b> <input type="checkbox"/> <b>Black</b> <input type="checkbox"/> <b>PMS</b> <b>Position</b> <input type="checkbox"/> <b>Front</b> <input type="checkbox"/> <b>Back</b> <input type="checkbox"/> <b>Tab</b> <input type="checkbox"/> <b>Other (PMS)</b> _____	
Please write below printing requirements: printing files may be supplied via electronic PDF formats. <b>Special Instructions: (LOGOS Etc.)</b> _____ _____ _____	



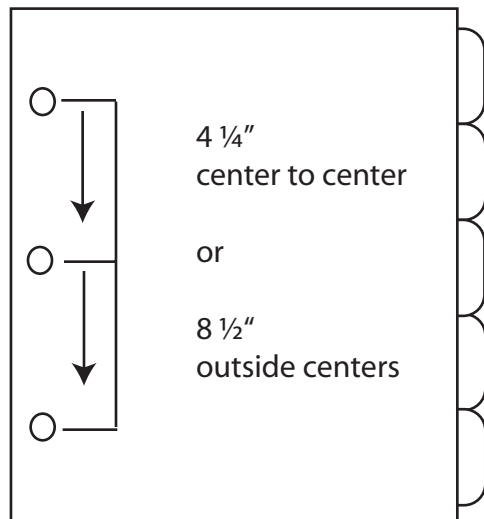
# Punching Specifications



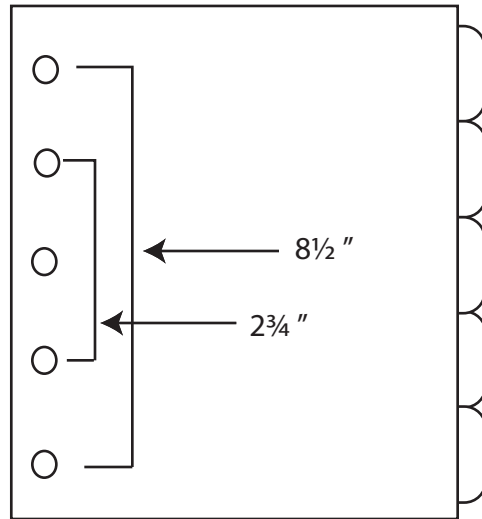
2 Hole Punching at side



2 Hole Punching at top



3 Hole Punching at side



5 Hole Punching at side

To Facilitate measuring from center to center.  
Measure from the beginning of one hole to the beginning of the other.