

Custom Expandable Products Check List

Job/Quote # _____ Date: _____ Quoted By _____ Customer PO# _____

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

