

# Revolution Publishing

P.O. Box 14928  
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**503.230.7901 Fax**  
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## Online quote request form

**INSTRUCTIONS: Please fill out the following information. To submit this form electronically, press the SUBMIT button on page 2 and it will attach itself to an email.  
Or, Fax this form to 503-230-7901.**

**E-mail address:**

**Company Name:**

**Contact Person:**

**Contact Phone Number:**

**Address:**

**City:**

**State:**

**Zip:**

**Country:**

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# Quote Request-Printing Services

Revolution Publishing offers a wide selection of Digital Printing services. Please select from the following:

## **Black & White Printing**

	<b>1-Sided</b>	<b>2-Sided</b>	<b>Paper (Text)</b>	<b>Sheet QTY.</b>
<input type="checkbox"/> <b>Letter: 8 1/2" x 11"</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 50/20# White	
<input type="checkbox"/> <b>Legal: 8 1/2" x 14"</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 60/24# White	
<input type="checkbox"/> <b>Tabloid: 11" x 17"</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 70/28# White	
<input type="checkbox"/> <b>Other:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 50/20# Color: <input type="checkbox"/> Other:	

## **Color Printing**

		<b>Cover Stock</b>	<b>Sheet QTY.</b>
<input type="checkbox"/> <b>Letter: 8 1/2 x 11"</b>	<input type="checkbox"/>	<input type="checkbox"/> 1-Sided	
<input type="checkbox"/> <b>Legal: 8 1/2 x 14"</b>	<input type="checkbox"/>	<input type="checkbox"/> 2-Sided	
<input type="checkbox"/> <b>Tabloid: 11" x 17"</b>	<input type="checkbox"/>	<input type="checkbox"/> Stock:	
<input type="checkbox"/> <b>Other:</b>	<input type="checkbox"/>	<input type="checkbox"/> Customer Provided	

<input type="checkbox"/> <b>Collating:</b>	Sets of	Sheets	<input type="checkbox"/> Slip sheets	<input type="checkbox"/> Corner Staple
	Sets of	Sheets	<input type="checkbox"/> G/F/S/T	

<input type="checkbox"/> <b>Index Tabs:</b>	Each of	Tabs on A	Bank
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<input type="checkbox"/> <b>Trimming:</b>	Text	Tabs	Covers	
<input type="checkbox"/> <b>Shrinkwrap:</b>	<input type="checkbox"/> With Chip	<input type="checkbox"/> Without Chip	<input type="checkbox"/> Each set	<input type="checkbox"/> In sets of
<input type="checkbox"/> <b>Book Binding:</b>	<input type="checkbox"/> Wire-O	<input type="checkbox"/> Binding Edge	Size	<b>Sheet QTY</b>
	<input type="checkbox"/> Coil	<input type="checkbox"/> Binding Edge	Size	<b>Sheet QTY</b>
	<input type="checkbox"/> Tape	<input type="checkbox"/> Binding Edge	Size	<b>Sheet QTY</b>
	<input type="checkbox"/> Comb	<input type="checkbox"/> Binding Edge	Size	<b>Sheet QTY</b>
	<input type="checkbox"/> Perfect Bind	<input type="checkbox"/> Binding Edge	Spine	<b>Sheet QTY</b>

<input type="checkbox"/> <b>Reinforcing:</b>	Size	<input type="checkbox"/> Binding Edge	<input type="checkbox"/> Tag	Sheet QTY.
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<input type="checkbox"/> <b>Lamination:</b>	<input type="checkbox"/> 1.5mil	<input type="checkbox"/> 3mil	<input type="checkbox"/> 5mil	<input type="checkbox"/> 7mil	<input type="checkbox"/> 10mil	<input type="checkbox"/> Flush Trim	<input type="checkbox"/> Gloss finish	<input type="checkbox"/> Matt finish
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<input type="checkbox"/> <b>Folding</b>	<input type="checkbox"/> Half	<input type="checkbox"/> Letter	<input type="checkbox"/> Z fold	<input type="checkbox"/> Custom # Folds	Final size	Sheet QTY.
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If you have any other instructions, questions, or requests, please detail them here and we will do our best to take care of them.

### **Additional Comments:**

To submit this form electronically, click the "Submit" button below. This form will attach to an email for you to send to us. You may also FAX this completed form to 503-230-7901.