

Col-Tab, Inc
P.O. Box 14928
1919 SE Belmont Street
Portland, OR 97214
503.233.2248
503.230.7901 Fax
1.800.624.6061
sales@coltab.com

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:

First Name:

Last Name:

Contact Person:

Contact Phone Number:

Address:

City:

State:

Zip:

Country:

Price Request-Index Tabs

Please List the Quantity of each tab you want manufactured, what format the tabs are (the format or "bank" is the tab cut size: 5 bank, 4 bank etc.) 2 to 15 Bank.

Qty		Each Of		Tabs On A		Bank
Qty		Each Of		Tabs On A		Bank
Qty		Each Of		Tabs On A		Bank
Qty		Each Of		Tabs On A		Bank
Qty		Each Of		Tabs On A		Bank

Please select from the following options: how you would like your tabs printed, how you will be providing us with the tab titles. If Col-Tab is to type set your tab titles, you will need to supply us with the font, point size, tab placement order, and the titles of each tab.

- | | | |
|---|---|---|
| <input type="checkbox"/> 1-sided | <input type="checkbox"/> Black Ink | <input type="checkbox"/> Customer Supplied Art |
| <input type="checkbox"/> 2-sided | <input type="checkbox"/> PMS # | <input type="checkbox"/> Col-Tab To Generate Art |
| <input type="checkbox"/> W/Body Copy* | <input type="checkbox"/> W/Bleeds | <input type="checkbox"/> Artwork On File |
| <input type="checkbox"/> Col-Tab to Print | <input type="checkbox"/> Pre-printed tabs | <input type="checkbox"/> Blank Tabs (No Printing) |

*Must be Camera ready body copy or a properly formatted disk in a publishing format.

Please select from the following options; type of paper, finished size and tab extension.

Paper Stock: 90# white Index 110# white index Other:

Finished Size: *(including tab extension)*

Tab Extension: 1/4" 3/8" 1/2" 5/8" 3/4" (cannot Mylar® 3/4" tabs)

Please select from the following finishing options.

- | | |
|---|---|
| <input type="checkbox"/> Clear Mylar® | <input type="checkbox"/> Drill <input type="checkbox"/> 2-hole <input type="checkbox"/> 3-hole <input type="checkbox"/> Other |
| <input type="checkbox"/> Colored Mylar® (x) | <input type="checkbox"/> Collate <input type="checkbox"/> straight <input type="checkbox"/> reverse |
| <input type="checkbox"/> Reinforce Binding Edge | <input type="checkbox"/> Trimming; Sheet Size |
| <input type="checkbox"/> Fold (x) | <input type="checkbox"/> Score (x) |

If you have any other instructions, questions, or requests please type them here and we will do our best to address 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.