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REQUEST QUOTE

CUSTOMER INFORMATION

NAME _____
COMPANY _____
PHONE _____
FAX _____
E-MAIL _____

OPTIONS

PAPER	QTY	@ PER M	TOTAL

JOB SPECIFICATIONS

QUOTE NO _____
QUOTE DATE _____
FOB POINT _____
SHIP VIA _____
TERMS _____
DESCRIPTION _____
PAPER _____
INK _____
1 OR 2 SIDED _____
PRE-PRESS _____
BINDERY _____
COMMENTS _____

PLEASE NOTE

Quotes not accepted within 30 days are subject to change. The above prices reflect payment by cash or check and are subject to raw material cost increases at time of shipment from suppliers. Alterations in original copy after proofing are charged at current hourly rate in addition to the above prices. A charge of 1.5% per month (18% Annual Percentage Rate) will be added to all balances that are past due.

CUSTOMER APPROVAL

Produce job to quote listed above. If specifications to your job have changed, please contact your Aradius Group representative for a revised quote.

SIGNATURE

DATE

