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REQUEST QUOTE

CUSTOMER INFORMATION

NAME _____

COMPANY _____

PHONE _____

FAX _____

E-MAIL _____

JOB SPECIFICATIONS

QUOTE NO _____

QUOTE DATE _____

FOB POINT _____

SHIP VIA _____

TERMS _____

DESCRIPTION _____

OPTIONS

PAPER	QTY	@ PER M	TOTAL

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

The greatest compliment we can receive is a referral from you!
Ask about our referral program today!