



VISION GRAPHICS

Estimate Review

Job Due Date _____ Time _____

P.O. _____

CUSTOMER INFORMATION

Company _____ Contact _____ Previous Job or Estimate _____

FULFILLMENT

Will Call Salesman Delivery Deliver Ship Priority Overnight

Ship Standard Overnight Ship Ground Second Day Third Day Saver

Company _____ Contact _____ Phone _____

Address _____ City _____ State _____ Zip _____

Packaging & Handling Requirements _____

PRODUCT

DESCRIPTION

MATERIAL

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PROOF

IMAGE

W SIZE H

COPIES

ORIG

PRICE

<input type="checkbox"/> E-Mail <input type="checkbox"/> 25 % <input type="checkbox"/> 100 % <input type="checkbox"/> 100 % Strip	<input type="checkbox"/> SS <input type="checkbox"/> DS <input type="checkbox"/> SAME <input type="checkbox"/> DIFFERENT						\$
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Finishing Notes

PRODUCT

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MATERIAL

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PROOF

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