

Today's Date: _____ **DEADLINE:** _____

*Rush fees may apply if your job is required within (1) full business day **OR** if job requires work outside of normal business hours. By signing, you authorize and agree to be responsible for any such charges.*

New Customer Existing Customer

Job Reference: _____

Company Name: _____ Company Info on file

Address: _____

Contact Name: _____

Phone #: _____ Fax #: _____ E-mail: _____

X: _____

Signature authorizes ABR to complete job as specified below. All fees are payable at time of delivery of work unless an account has been established and approved by ABR.

- Copy & Prepare like originals** # attached _____ # of copies _____
- Copies / Printing / Print from Disk** Color Grayscale
 20# Bond Laser Gloss Linen Other, _____
- Large Format B&W Printing / Copies** 11x17 24x36 Other, _____
- Color Poster Printing** Final Size, _____
- Exhibit/Poster Packages** Color B&W Total # of exhibits _____
Finished Size 18x24 24x36 32x40 36x48 Other, _____
- Poster Finishing** Mounting Laminating Edge Trim
- Outdoor Signs** Coroplast Step Stake
- Banners** Digital Vinyl Grommets Rod/Pocket
- Magnets** Digital Vinyl
- Vinyl** Decals Textile
- T-Shirts** Transfers only Transfers applied Vinyl Application
- CD/DVD Duplication** Label like original Label, as noted below NONE
- Scanning**
- Special Instructions/Notes/Creative** _____

ABR Job/Invoice #: _____

Time & date rec'd: _____

Job Completed/Checked by: _____

Heard of ABR how? _____

Referred by? _____

_____ @ \$ _____ = _____

_____ @ \$ _____ = _____

_____ @ \$ _____ = _____

_____ @ \$ _____ = _____

_____ @ \$ _____ = _____

_____ @ \$ _____ = _____

_____ @ \$ _____ = _____

Subtotal \$ _____

Rush Fees \$ _____

Discount [\$ _____]

Subtotal 2 \$ _____

Sales Tax \$ _____

Amount Due \$ _____

Pmt Received Cash Ck # _____ Credit Card
 Bill to Account

ESTIMATE by _____ JOB SPECS ADDENDUM NOTES

Today's Date: _____ **DEADLINE:** _____ Date & Time

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New Customer Existing Customer

Job Reference: _____

Company Name: _____ Company Info on file

Address: _____

Contact Name: _____

Phone #: _____ Fax #: _____ E-mail: _____

Proofs or further authorization is required prior to final output of exhibits or posters.

X:
Signature required to proceed with job. Signature authorizes ABR to complete job as specified below. All fees are payable at time of delivery of work unless an account has been established and approved by ABR.

ABR Job/Invoice #: _____

Time & date rec'd: _____

Job Completed/Checked by: _____

Heard of ABR how? _____

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_____ @ \$ _____ = _____

_____ @ \$ _____ = _____

_____ @ \$ _____ = _____

_____ @ \$ _____ = _____

Subtotal \$ _____

Rush Fees \$ _____

Discount [\$ _____]

Subtotal 2 \$ _____

Sales Tax \$ _____

Amount Due \$ _____

Pmt Received Cash Ck # _____ Credit Card
 Bill to Account

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