



691 COUNTRY CLUB DR.
 BENSENVILLE, IL 60106
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 F: 630-595-1085
 www.geigraphics.com

Flexo Plate Quote Request

DATE: _____

DUE DATE: _____

CUSTOMER P.O.: _____

CUSTOMER: _____

CUSTOMER CONTACT: _____ CONTACT PHONE NO: _____

ITEM DESCRIPTION: _____

ITEM SPECIFICATIONS		WIDE WEB	NARROW WEB																																																							
CYLINDER:	_____	LABEL SIZE:	_____	<table border="1"> <thead> <tr> <th></th> <th>COLOR</th> <th>LINE SCREEN</th> <th>INK COVERAGE</th> </tr> </thead> <tbody> <tr><td>1</td><td></td><td></td><td></td></tr> <tr><td>2</td><td></td><td></td><td></td></tr> <tr><td>3</td><td></td><td></td><td></td></tr> <tr><td>4</td><td></td><td></td><td></td></tr> <tr><td>5</td><td></td><td></td><td></td></tr> <tr><td>6</td><td></td><td></td><td></td></tr> <tr><td>7</td><td></td><td></td><td></td></tr> <tr><td>8</td><td></td><td></td><td></td></tr> <tr><td>9</td><td></td><td></td><td></td></tr> <tr><td>10</td><td></td><td></td><td></td></tr> <tr><td>11</td><td></td><td></td><td></td></tr> <tr><td>12</td><td></td><td></td><td></td></tr> </tbody> </table>				COLOR	LINE SCREEN	INK COVERAGE	1				2				3				4				5				6				7				8				9				10				11				12			
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TOTAL WEB:	_____	PITCH:	_____																																																							
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FULLY STEPPED/LANES:	_____	STEP AROUND:	_____																																																							
STAGGER:	_____	CIRCLE/RCR/BC:	_____																																																							
SURFACE/REVERSE:	_____	SURFACE/REVERSE:	_____																																																							
UNWIND:	_____	UNWIND:	_____																																																							

GRAPHIC SPECIFICATIONS

MINIMUM POSITIVE TYPE: _____ REVERSE: _____ MINIMUM POSITIVE LINE: _____ REVERSE: _____

MINIMUM DOT: _____ MAXIMUM DOT: _____ TOTAL PRINT DENSITY: _____ TRAP: _____

PLATE SPECIFICATIONS

PLATE MATERIAL: _____ PLATE THICKNESS: _____ UPC#: _____ UPC BWR: _____

EYESPOT SIZE: _____ EYESPOT COLOR: _____ EYESPOT LOCATION: _____ BACKED WITH WHITE:

PLATE MARKS

CENTER LINES: CROSSHAIRS: DENSITY BARS: BACKED WITH WHITE: TINT SCALES: BACKED WITH WHITE: SCRIBED:

BEARER BARS SIZE/POSITION: _____

GUIDELINE SIZE/POSITION: _____

MICRO-DOT SIZE/POSITION: _____

BLEEDS: _____

PROOFING REQUIREMENTS:

1-UP PDF 1-UP CT PAPER COLOR MANAGED CT COLOR KEYS FULLY STEPPED PDF FULLY STEPPED CT PAPER

KODAK APPROVAL SUBSTRATE THE KODAK APPROVAL LAMINATES TO: _____

STANDARD DENSITIES:/PREFERRED DENSITIES:

PROCESS YELLOW: 1.00/ PROCESS MAGENTA: 1.25/ PROCESS CYAN: 1.35/ PROCESS BLACK: 1.45/

ADDITIONAL INSTRUCTIONS/SHIPPING INSTRUCTIONS:

DIGITAL FILE

ILLUSTRATOR FILE: RESOLUTION: _____

WITH LINKED IMAGES: COMPRESSION: _____

1 BIT TIFF: DOT SHAPE: _____

.LEN FILE: DISTORTION/DIRECTION: _____

SAMPLE FILE REQUIRED: _____

SUBMIT