

TST Printing Carbonless Book Job Order

TST Printing Pty Ltd
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1E Parsons Ave SPRINGVALE VIC 3171

Company: _____ Date: _____ / _____ / 20

Address: _____

Suburb: _____ State: _____ Postcode: _____

Contact Name: _____ Phone: _____ Fax: _____

E-mail: _____ ☐ (Please tick if delivery address same as above or fill in the different address below)

Delivery to: _____

Suburb: _____ State: _____ Postcode: _____

Job name: _____ Your Job Order/
Quotation No: _____

Size Code: ☐A4 ☐A5 ☐A6 ☐DL Tear off Size (mm): _____

Quantity (Book): _____ Sets/Book: _____ ☐No Numbering ☐Numbering Start: _____

Copy/Set: ☐Single ☐Duplicate ☐Triplicate ☐Quadruplicate ☐Quintuplicate

☐ Binding

Side: ☐Long Edge ☐Short Edge

Front Cover: ☐Crocodile ☐Blue ☐Red ☐Grey ☐Green
☐Soft Cover ☐White ☐Buff ☐Blue

Back Cover: ☐Boxboard ☐Crocodile (*Extra Charge same colour as front)

Tape Colour: ☐Blue ☐Red ☐Black ☐Green ☐Other _____

Writing Plate: ☐Wraparound (Bind on book) _____ ☐Loose (Insert with book) _____

☐ Glue

Side: ☐Long Edge ☐Short Edge Soft Cover: ☐White ☐Buff


Writing Plate: ☐Wraparound (Bind on book) _____ ☐Loose (Insert with book) _____

☐ Fan Apart Glue

(Sets): _____ Side: ☐Left ☐Right ☐Top ☐Bottom ☐Corner: _____

☐ Holes drilling

Side: ☐Long Edge ☐Short Edge how many hole(s)? ☐1 ☐2 ☐3 ☐4

Paper Type	1st Copy	2nd Copy	3rd Copy	4th Copy	Other
Carbonless Paper Colour (60GSM)	<input type="checkbox"/> White <input type="checkbox"/> Yellow <input type="checkbox"/> Blue <input type="checkbox"/> Green <input type="checkbox"/> Pink	<input type="checkbox"/> Blue <input type="checkbox"/> Yellow <input type="checkbox"/> Pink <input type="checkbox"/> Green <input type="checkbox"/> White	<input type="checkbox"/> Blue <input type="checkbox"/> Yellow <input type="checkbox"/> Pink <input type="checkbox"/> Green <input type="checkbox"/> White	<input type="checkbox"/> Blue <input type="checkbox"/> Yellow <input type="checkbox"/> Pink <input type="checkbox"/> Green <input type="checkbox"/> White	
Front Ink Colour	<input type="checkbox"/> Black <input type="checkbox"/> R-Blue <input type="checkbox"/> _____ PMS	<input type="checkbox"/> Black <input type="checkbox"/> R-Blue <input type="checkbox"/> _____ PMS	<input type="checkbox"/> Black <input type="checkbox"/> R-Blue <input type="checkbox"/> _____ PMS	<input type="checkbox"/> Black <input type="checkbox"/> R-Blue <input type="checkbox"/> _____ PMS	
Back Ink Colour	<input type="checkbox"/> No Print <input type="checkbox"/> _____ PMS	<input type="checkbox"/> No Print <input type="checkbox"/> _____ PMS	<input type="checkbox"/> No Print <input type="checkbox"/> _____ PMS	<input type="checkbox"/> No Print <input type="checkbox"/> _____ PMS	
Perforation 	<input type="checkbox"/> Long edge <input type="checkbox"/> Short edge <input type="checkbox"/> Fast	<input type="checkbox"/> Long edge <input type="checkbox"/> Short edge <input type="checkbox"/> Fast	<input type="checkbox"/> Long edge <input type="checkbox"/> Short edge <input type="checkbox"/> Fast	<input type="checkbox"/> Long edge <input type="checkbox"/> Short edge <input type="checkbox"/> Fast	

Note:

*Please sign here if you agree for approval.

Date: _____ / _____ / 20

Name: _____

(TST Printing Staff Only)
QUOTE PRICE

PRICE \$.

DELIVERY FEE \$.

TOTAL INC GST \$.