

Request an Estimate

Are you a new customer? _____

Your Name: _____

Company: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

Fax Number: _____

E-mail Address: _____

Preferred Response Method: _____

Project Name: _____

Project Due Date: _____

Additional Details: *Please include ink, stock, size, page count, etc...* _____

Do you have Artwork? If so, what file format? _____

Please complete this form and
e-mail to: orders@tailoredprinting.com or fax to: 217-546-5303