

# Creative Printing Services

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## Computer Output Information Sheet

### Customer Information

Company Name: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Day Phone: \_\_\_\_\_  
Night Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

### Fonts Used In Documents *(Must be supplied by Customer)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### File Medium *(Check all that apply)*

- |   |  |
|---|--|
| <input type="checkbox"/> Floppy         | <input type="checkbox"/> 44 Mb Syquest     |
| <input type="checkbox"/> 88 Mb Syquest  | <input type="checkbox"/> 200 Mb Syquest    |
| <input type="checkbox"/> 135 Mb Syquest | <input type="checkbox"/> 270 Mb Syquest    |
| <input type="checkbox"/> Optical 3.5    | <input type="checkbox"/> Optical 5.5 640 k |
| <input type="checkbox"/> Zip Disk       | <input type="checkbox"/> Jaz Disk          |
| <input type="checkbox"/> CD Rom         |  |

### Support Files *(Please list all Graphics, Nested Items, Quark EPS etc.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Compression

- |   |                                  |
|---|----------------------------------|
| <input type="checkbox"/> Self Extracting File |                                  |
| <input type="checkbox"/> Disk Doubler         | <input type="checkbox"/> Stuffit |

### Artwork *(Page Numbers, and sizes must be on each item.)*

- |  |   |
|--|---|
| <input type="checkbox"/> Reflective Copy               | <input type="checkbox"/> Transparent Copy |
| <input type="checkbox"/> Art To Be Scanned - Grayscale |   |
| 1. Page Number _____                                   | Percent _____                             |
| 2. Page Number _____                                   | Percent _____                             |
| 3. Page Number _____                                   | Percent _____                             |
| 4. Page Number _____                                   | Percent _____                             |
| <input type="checkbox"/> Art To Be Scanned - Color     |   |
| 1. Page Number _____                                   | Percent _____                             |
| 2. Page Number _____                                   | Percent _____                             |
| 3. Page Number _____                                   | Percent _____                             |
| 4. Page Number _____                                   | Percent _____                             |

### Hard Copy Materials Supplied By Customer

- |   |   |
|---|---|
| <input type="checkbox"/> Composite Lasers | <input type="checkbox"/> Separated Lasers |
| <input type="checkbox"/> Color Proofs     | <input type="checkbox"/> Randoms          |

### Document Names *(Please list names of all documents to be printed)*

Document Name \_\_\_\_\_  
Document Size \_\_\_\_\_

Document Name \_\_\_\_\_  
Document Size \_\_\_\_\_

Document Name \_\_\_\_\_  
Document Size \_\_\_\_\_

Document Name \_\_\_\_\_  
Document Size \_\_\_\_\_

### Output Media *(Please check all that apply)*

- |  |   |
|--|---|
| <input type="checkbox"/> Digital Color Proof - Before Film | <input type="checkbox"/> Laser Proof - Before Film  |
| <input type="checkbox"/> Film                              | <input type="checkbox"/> 133 <input type="checkbox"/> 150 <input type="checkbox"/> 175 <input type="checkbox"/> 200 |
| <input type="checkbox"/> CMYK Process                      | <input type="checkbox"/> Pantone  |
| Pantone Colors _____                                       |   |

\_\_\_\_\_  
\_\_\_\_\_