## STATIONERY QUOTE FORM

Date:

Please Mail actual samples and completed form to:
Attn: Graphics Center
ALL-STATE LEGAL
1 Commerce Drive
Cranford, NJ 07016

Account Information:
Account \#:
Firm Name:
Quote Contact Name:
Email:

For each of the items you are sending ASL to quote, please complete the below information so we can provide you with the most competitive pricing:

| Item Being Ordered | $\frac{\text { Typical Quantity }}{\text { Ordered }}$ | Frequency of Order <br> (IE: Monthly, Every other Month, <br> Quarterly, 2 times a year, etc.) | $\frac{\text { Current Price }}{(\text { optional) }}$ |
| :--- | :--- | :--- | :--- |
| Business Cards |  |  |  |
| Letterhead |  |  |  |
| $2^{\text {nd }}$ Page Letterhead |  |  |  |
| Stationery Envelope |  |  |  |
| Announcement |  |  |  |
| Announcement Envelope |  |  |  |
| Presentation Folder |  |  |  |
| Will Cover |  |  |  |
| Will Envelope |  |  |  |
| Printed Mailing Label |  |  |  |
| Printed Business Reply Envelope |  |  |  |
| Other: |  |  |  |
| Other: |  |  |  |
| Other: |  |  |  |

Do you currently pay for shipping? $\square$ Yes $\square$ No $\square$ Not Sure Current stationery provider (optional):
Special Notes/Instructions:

