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PREPRESS INFORMATION FORM

Date in : _____
Company Name: _____
Contact Person: _____
Phone: _____ Ext.: _____
After Hours Phone: _____ Ext.: _____
Fax: _____
Other Info: _____

**THIS FORM SHOULD BE COMPLETED BY THE PERSON PREPARING THE FILES AND DISKS.
PLEASE COMPLETE ALL SECTIONS**

1. PRINT WINDOW OF DISK CONTENTS INCLUDED?

(open all folders to show all contents)

Yes No

2. ACTUAL SIZE LASER OUTPUT OF ALL PAGES INCLUDED?

Yes No Bleed Yes No Final Job Size: _____

3. COMPUTER TYPE

IBM MAC

4. FILE TYPES

Quark Xpress, Version # _____ Page Maker, Version # _____
 Illustrator, Version # _____ Freehand, Version # _____
 Photoshop, Version # _____ In Design, Version # _____
 Other, please specify: _____

5. ELECTRONIC FILE TRANSFER

Zip Qty: _____ CD Rom Qty: _____ Other Qty: _____

6. ELECTRONIC FILE TRANSFER

Via Email Via FTP

File(s) Name: _____ Date Sent: _____

7. FILE NAMES TO BE OUTPUT

OF PAGES

1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____