

# Accurate Index

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## INDEX SPECIFICATIONS

QUOTATION  ORDER

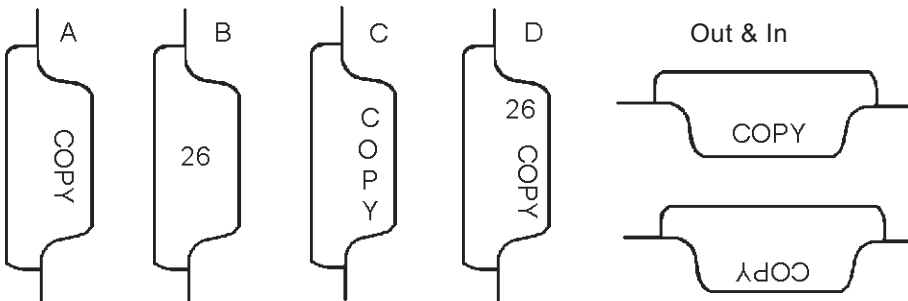
|                                  |  |
|----------------------------------|--|
| SOLD TO _____ CONTACT _____      | DELIVERY DATE REQUIRED _____ P.O. NO. _____<br>(Approximate) |
| TODAY'S DATE _____ PHONE _____   | SHIP TO _____  |
| INVOICE TO _____ FAX # _____     | ADDRESS _____  |
| ADDRESS _____                    | CITY _____ STATE _____ ZIP _____                             |
| CITY _____ STATE _____ ZIP _____ | SHIP UNDER ORDER # _____ VIA _____                           |

REPEAT OF ACCURATE INDEX NO. \_\_\_\_\_ DATE \_\_\_\_\_  
 SAMPLE ENCLOSED YES NO  
 NO. OF SETS \_\_\_\_\_ TABS PER SET \_\_\_\_\_

ALL CAPS UPPER & LOWER  
 MYLAR® COLOR \_\_\_\_\_

| Standard Specifications |                          | Variations            |  | Tab Position | TAB COPY |
|-------------------------|--------------------------|-----------------------|--|--------------|----------|
| SHEET SIZE              | 11 x 8½ + ½              | Binding Edge          | x + Tab Extension ½" 3/8"  |              |          |
| PAPER                   | 100# White               | 90# Ivory             | Other _____  |              |          |
| TAB STYLE               | Style A                  | B C D                 | Out & In L to R<br>Out & In R to L                                 |              |          |
| KIND OF TAB             | Mylar® Tab               | Plain Printed Tab     | No Printing <b>Reverse</b>   |              |          |
| COLOR OF TAB            | Clear Mylar®             | Colored Mylar® _____  | Per Sample   |              |          |
| TABS PER BANK           | 2 3 4 5 6 7 8 9 10 11 12 | Number of Banks _____ |  |              |          |
| TAB PRINTING            | One Side                 | Both Sides            |  |              |          |
| BODY PRINTING           | No                       | Yes                   | Front Back # of Changes _____                                      |              |          |
| INK COLOR               | Black                    | Other                 | PMS# _____   |              |          |
| REINFORCING             | Yes                      | No                    |  |              |          |
| HOLES                   | 3 Std.                   | No Holes              | Other Number _____ Diameter _____<br>Outside Centers _____         |              |          |
| GATHERED IN SETS        | No                       | Yes                   | <input type="checkbox"/> STRAIGHT <input type="checkbox"/> REVERSE |              |          |
| SLIPSHEET               | No                       | Yes                   |  |              |          |
| SHRINKWRAP              | No                       | Yes                   | _____ Sets/Pkg.  |              |          |

### TAB STYLE:



### OTHER INSTRUCTIONS

Return Artwork

