

APS | Prepay/Proof Flyer Request Form

ONE FORM MUST BE COMPLETED PER REQUESTED FLYER! All items must be completed and emailed to your Customer Service Rep. If you have any questions, contact your Customer Service Rep for guidance.

QUOTOMED INFO													
CUSTOMER INFO Studio Name	New Customer?		Account Number	Submit Date	First Photo Date								
Otaulo Manie	New Gustomer?		Account Number	Submit Date	THAT THOU DATE								
Artwork Reviewer/Approver (this is the contact(s) that will be approving artwork) Reviewer/Approver Email													
-													
FLYER INFO	Gl	REEN SCF	REEN (If you aren't offering Gre Section below.)	een Screen, please	fill out the Styles								
Is This For UNDERCLASS CAP & GOWN SPORTS CLASS GROUP SENIOR DAYCARE CHRISTMAS OTHER			Will you be offering Green Screen??										
Flyer Type PREPAY Size 11x17 Print PROOF 9x13 Quantity SPEC OTHER	Foi	If yes, please list Green Screen backgrounds you want to use. For a listing of available backgrounds contact your Service Rep or visit http://advancedphoto.com/green-screen-backgrounds/											
What previous Form # do we need to replicate?		1	2 3	4	5								
ATTENTION NEW CUSTOMERS! Please provide your Customer Service Rep with your package configuration and pricing when sending in this form. Choose your new Flyer Template from the drop down menu (Underclass Only For a listing of available templates please reference your mailer or contact your Service Re	y). Fo			9 10 uld like to use on each background. ce sheet or contact your Service Rep.									
		1	2 3	4	5								
	- MAY	6	7 8	9	10								
OWN FLYER. NOTE - if you will be designing your own Proof Flyer, you wineed to contact your Service Rep for a Form #. Once that's added, please pro APS with a high quality (10+) jpg, for printing and DP2 processing. For a Pre Flyer, we will only need a 300 dpi, print ready PDF.	ill If y	Will you be using any custom backgrounds? If yes, please provide image to your Service Rep for approval and to be used on your flyer List your 3 default backgrounds? (#1 will ALWAYS be the default.)											
Will this proof be hosted online?		1	2 3										
Will there be other artwork needed, besides this flyer? YES NO			you aren't offering Green Scree	n, Please fill out th	is section.)								
If yes, please list. INSTRUCTIONS (Please list all requested changes in this space and be specific.)			Will you be offering Styles? YES NO If yes, please list styles you want to use. Contact your Service Rep with any questions. 1 2 3 4 Please list the code for the model you would like to use on each style. For a listing of available models see your reference sheet or contact your Service Rep. 1 2 3 4										
									CTDIDUT	ION /Dropous ONLV-1			
									DISTRIBUTION (Prepay ONLY.) Location Attn				
								Loa		YES Address			
									/			Zip	
	А	PS OFFIC	E USE ONLY										
		w Form #	<i>t</i> Pri	nt IN-HOUSE	SPM								
	Se	Service/Sales Rep											

PLEASE PROOF CAREFULLY!

Your price includes 3 sets of proof revisions. Once you exceed the 3 revision sets, you will be charged an additional \$50/set of revisions.