



Request for Quotation

Customer

Vendor Core Packaging, Inc. www.corepackaging.com Phone: 7043211908 Fax: 7043211916
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Item Name:

Monthly Volume:

Auto Loaded: No

Item Number:

<u>Quotation Volumes</u> (1)

Item Type: Other

Finished Size:

Material:

Blank Size:

of Colors: Per Sample

PMS Color(s):

Printing Type: N/A

Specialty Item: N/A

Coating: N/A

Case Size: _____

Pallet Tie: _____

FOB: Charlotte, NC USA

Pallet Height: _____

Quotation			
Target:	<u>Volume Quotations</u>	Freight Add:	
Plate: ☐ IN ☐ OUT	(1) _____	(2) _____	
Die: ☐ IN ☐ OUT	(3) _____	(4) _____	
Competition:	Notations: _____		
Date: _____ BY: X _____			

Please return by facsimile (704) 321-1916

*****END OF QUOTATION REQUEST*****