



Invoice #: _____
 Company name: _____ Contact Name: _____
 Phone: _____ Fax: _____ E-mail: _____
 Sales Assoc: _____ Proof Due: _____ Project Due: _____
 Completion Date: _____ Customer Notified Via: Phone Fax E-mail Time: _____

HEIGHT LENGTH COLOUR

SUBSTRATE/MATERIAL OVERLAY COLOUR

QUANTITY SINGLE SIDE
 DOUBLE SIDE

TYPESTYLE(S) FONT/LOGO

TYPESTYLE(S) COLOUR(S)

BORDER
 ROUND OVAL SPECIAL FILLED BLEED
 SQUARE ROUND CORNER NOTCHED OUTLINED INSET

FIXING
 DRILL HANG RIVET DS TAPE FRAME
 GLUE CHAIN/ROPE BOLTS SPECIAL TRAY

Reverse Cut
 Reverse Weed

NOTES:

Prev Job Refe: _____ Job save name: _____

HEIGHT LENGTH COLOUR

SUBSTRATE/MATERIAL OVERLAY COLOUR

QUANTITY SINGLE SIDE
 DOUBLE SIDE

TYPESTYLE(S) FONT/LOGO

TYPESTYLE(S) COLOUR(S)

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Company name: _____ Contact Name: _____
 Phone: _____ Fax: _____ E-mail: _____
 Sales Assoc: _____ Proof Due: _____ Project Due: _____
 Completion Date: _____ Customer Notified Via: Phone Fax E-mail Time: _____

Is the sign intended to be Temporary, Permanent, Vehicle Graphic or RTA(ready to apply) graphics? (circle one)
 Is the sign for inside or outside? (circle one) How far from the road? _____ How fast is the traffic moving? _____
 What is the signs purpose or, what are we trying to accomplish with this sign? _____
 How the sign to be installed/mounted? _____

HEIGHT	LENGTH	COLOUR
<input type="text"/>	<input type="text"/>	<input type="text"/>
SUBSTRATE/MATERIAL		OVERLAY COLOUR
<input type="text"/>		<input type="text"/>
QUANTITY	SINGLE SIDE <input type="checkbox"/>	
<input type="text"/>	DOUBLE SIDE <input type="checkbox"/>	
TYPESTYLE(S) FONT/LOGO		
<input type="text"/>		

TYPESTYLE(S) COLOUR(S)

BORDER

ROUND OVAL SPECIAL FILLED BLEED
 SQUARE ROUND CORNER NOTCHED OUTLINED INSET

FIXING

DRILL HANG RIVET DS TAPE FRAME
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Reverse Weed

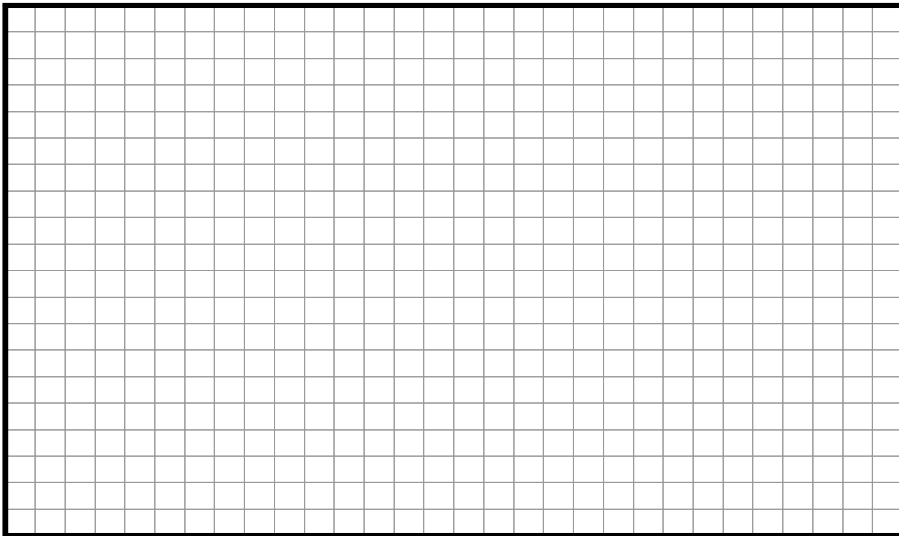
NOTES:

Prev Job Refe: _____ Job save name: _____

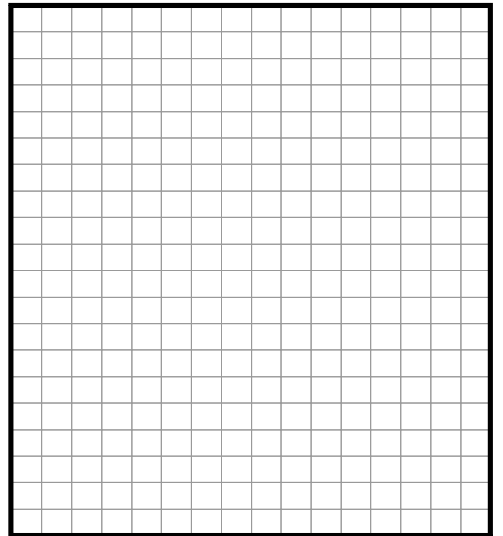
Requested by: _____
 Company name: _____ Contact Name: _____
 Phone: _____ Fax: _____ E-mail: _____
 Address: _____
 City: _____ County: _____ Post Code: _____

Description of requested data:

Wall type (circle one): Brick Concrete Stone Block Wood Plasterboard Metal Other _____
 Stud type (circle one): Wood Metal Other _____ Distance apart on centre: _____
 Thickness of wall: _____ Thickness of stud: _____ Verify total thickness: _____
 Equipment Required (circle all that apply):
 Crane Cherry picker Ladder(s) Rental Equipment (please specify) _____



FRONT VIEW



SIDE VIEW

Additional notes and/or Concerns:

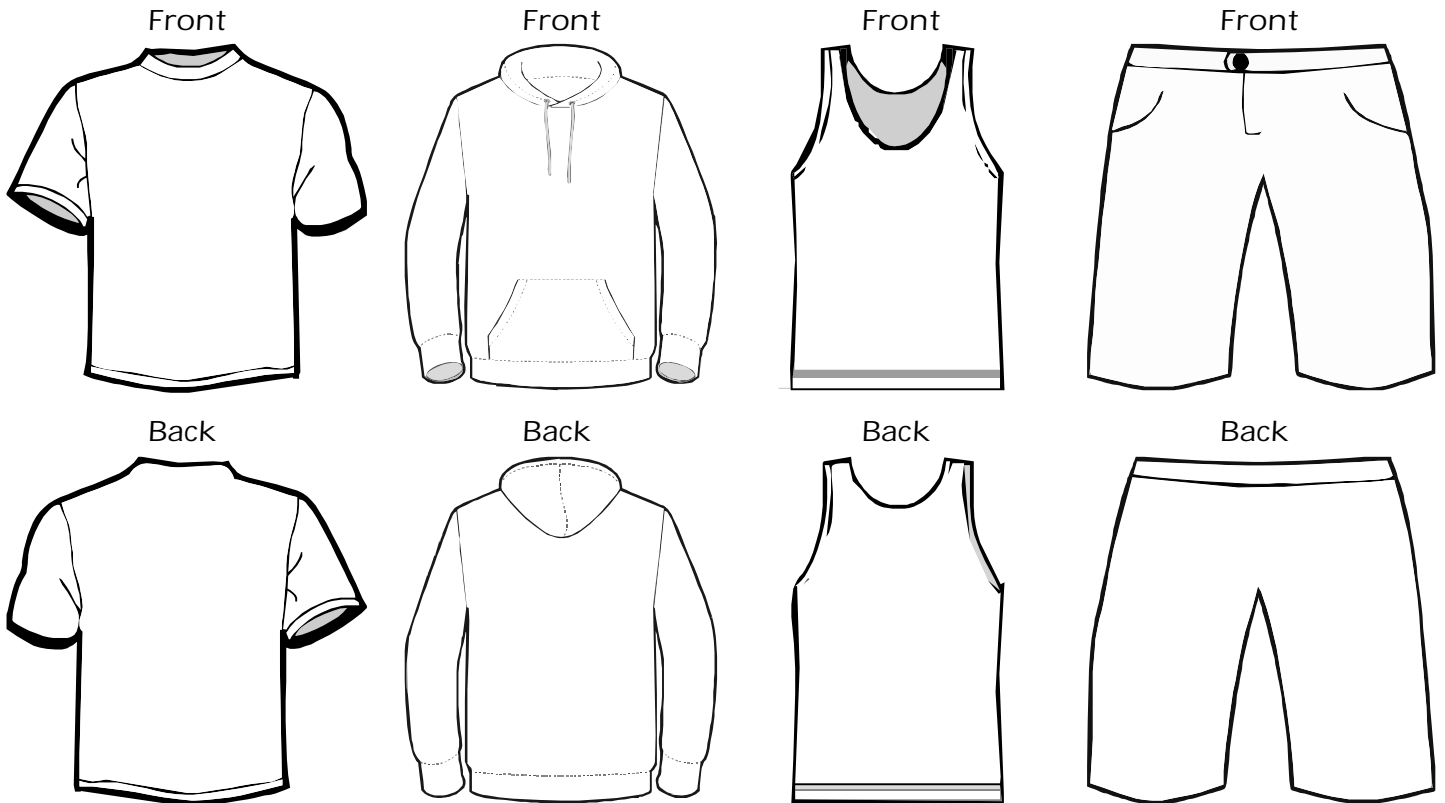
Picture To Take

- | | |
|--|--|
| <input type="checkbox"/> TOTAL AREA INVOLVED | <input type="checkbox"/> STUD DETAIL |
| <input type="checkbox"/> SIDE VIEW(S) OF BACK OF WALL(S) | <input type="checkbox"/> ANY ADDITIONAL PHOTOS DEEMED USEFUL |
| <input type="checkbox"/> POSSIBLE OBSTRUCTION | <input type="checkbox"/> OTHER |

Requested by: _____
 Company name: _____ Contact Name: _____
 Phone: _____ Fax: _____ E-mail: _____
 Address: _____
 City: _____ County: _____ Post Code: _____

Description of requested data:

Garment type (circle one): T-shirt Hoody Tank Top Shorts Trousers Jacket Vest Other _____
 Print type (circle one): Heat press Emroidery Screen Print Other _____
 Garment Brand: _____ Thickness of Garment: _____ Colour of Garment: _____
 Number of Garments: _____ Method: Heat Press Paper Heat Press Vinyl Screen Print Embroidery
 Number of Printed Colours: _____ Single Sided Double Sided Custom



Additional notes and/or Concerns:

Picture To Take

- OLD GARMENT COMPANY LOGO(S) OTHER
 GARMENT PRINTED BY DIFFERENT COMPANY ANY ADDITIONAL PHOTOS/SCANS



www.esag.co.uk
 evolutionsignsandgraphics@gmail.com
 Richard - 07720346592

ESTIMATE

Company name: _____ Contact Name: _____
 Phone: _____ Fax: _____ E-mail: _____
 Sales Assoc: _____ Estimate # _____ Date: _____
 Expiration Date: _____ Time: _____
 Notes: _____

SALESPERSON	JOB	SHIPPING METHOD	SHIPPING TERMS	DELIVERY DATE	PAYMENT TERMS	DUE DATE

QTY	ITEM #	DESCRIPTION	UNIT PRICE	DISCOUNT	LINE TOTAL

DISCOUNT	£	
SUBTOTAL	£	
SALES TAX	£	
TOTAL	£	

This is an estimation on goods named, and subject to change if criteria and/or conditions change!
 To accept this quotation sign here and return to address below! Thank you for your business!
 Signature: _____

SIGN PROJECT

EVENT:

DATE:

- Site Survey
Make photos and measurements on site _____
- Design & Mock-up
Make 2 different designs and send it to customer _____
- Approvals
Quote authorized
Design authorized
Receipt of 50% deposit _____
- Permit Application Process (if applicable)
Site Inspection
Plot/Site Drawing(s)
Application Form(s)
Project Drawing(s)
Sign Elevation(s)/Fabrication Drawing(s)
Engineer Drawing(s)/Calculation(s) _____
- Permit Application Submitted: _____
- Receipt of Permit/Begin Manufacture
To actively protect your investment Vinyl Warriors Limited does not begin manufacture of any product requiring permits until the permit/approval is received in writing from the applicable municipality. This is to protect your financial interest, as well as ours, in case of any issues or permit denials! _____

Estimated Manufacturing Time Frame:
_____ to _____ week(s)
- Manufacture Completion: _____
- Scheduled Installation/Delivery: _____
- Project Completion/Final Payment: _____



Company name: _____ Contact Name: _____

Job Description: _____

EVENT:	DATE:	E-MAIL SENT:
<input type="checkbox"/> Initial Appointment Fact Finding, Site Inspection, Photos, Discuss goals/designs/budget _____		<input type="checkbox"/>
<input type="checkbox"/> Preliminary Permit & Zoning Research Site Survey, Zoning Criteria & Restrictions _____		<input type="checkbox"/>
<input type="checkbox"/> Initial Estimate & Project Sketch _____		<input type="checkbox"/>
<input type="checkbox"/> Revision Adjusted Estimate / Project Sketch _____		<input type="checkbox"/>
<input type="checkbox"/> Approvals Quote authorized Design authorized Receipt of 50% deposit _____		<input type="checkbox"/>
<input type="checkbox"/> Permit Application Process (if applicable) Site Inspection Plot/Site Drawing(s) Application Form(s) Project Drawing(s) Sign Elevation(s)/Fabrication Drawing(s) Engineer Drawing(s)/Calculation(s) (when applicable) _____		<input type="checkbox"/>
<input type="checkbox"/> Permit Application Submitted: _____		<input type="checkbox"/>
<input type="checkbox"/> Receipt of Permit <input type="checkbox"/> Begin Manufacture To actively protect your investment Vinyl Warriors Limited does not begin manufacture of any product requiring permits until the permit/approval is received in writing from the applicable municipality. This is to protect your financial interest, as well as ours, in case of any issues or permit denials! _____		<input type="checkbox"/>
Estimated Manufacturing Time Frame: _____ to _____ week(s)		
<input type="checkbox"/> Manufacture Completion: _____		<input type="checkbox"/>
<input type="checkbox"/> Scheduled Installation/Delivery: _____		<input type="checkbox"/>
<input type="checkbox"/> Project Completion/Final Payment: _____		<input type="checkbox"/>
<input type="checkbox"/> Notes: _____		