



PRE-FLIGHT CHECK-IN FORM



Frontier Technology PTY LTD

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Customer Details:

Contact Name: _____ Phone when ready

Company: _____ Standard Courier

Delivery Address: _____ VIP Courier

Overnight Bag

Phone: _____ Quote Reference: _____

Required: _____ Order No: _____

Folder/File name	Program Version	PC/Mac	Pages (ALL)	Scaling (100%)	Page Size	Colours	Film	Bromide	LPI	DPI	Impose	Chemical Proof	Mono Proof	Dye Sub Print	Wax Thermal	Further Instructions/Fonts/Etc.
1						<input type="checkbox"/> C <input type="checkbox"/> M <input type="checkbox"/> Y <input type="checkbox"/> K <input type="checkbox"/> PMS _____ <input type="checkbox"/> PMS _____ <input type="checkbox"/> PMS _____	<input type="checkbox"/> NWRup <input type="checkbox"/> PWRup <input type="checkbox"/> NRRup <input type="checkbox"/> PRRup	<input type="checkbox"/>	<input type="checkbox"/> B-100 <input type="checkbox"/> F-150 <input type="checkbox"/> _____	<input type="checkbox"/> 1270 <input type="checkbox"/> 2540	<input type="checkbox"/> Imposition attached	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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3						<input type="checkbox"/> C <input type="checkbox"/> M <input type="checkbox"/> Y <input type="checkbox"/> K <input type="checkbox"/> PMS _____ <input type="checkbox"/> PMS _____ <input type="checkbox"/> PMS _____	<input type="checkbox"/> NWRup <input type="checkbox"/> PWRup <input type="checkbox"/> NRRup <input type="checkbox"/> PRRup	<input type="checkbox"/>	<input type="checkbox"/> B-100 <input type="checkbox"/> F-150 <input type="checkbox"/> _____	<input type="checkbox"/> 1270 <input type="checkbox"/> 2540	<input type="checkbox"/> Imposition attached	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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6						<input type="checkbox"/> C <input type="checkbox"/> M <input type="checkbox"/> Y <input type="checkbox"/> K <input type="checkbox"/> PMS _____ <input type="checkbox"/> PMS _____ <input type="checkbox"/> PMS _____	<input type="checkbox"/> NWRup <input type="checkbox"/> PWRup <input type="checkbox"/> NRRup <input type="checkbox"/> PRRup	<input type="checkbox"/>	<input type="checkbox"/> B-100 <input type="checkbox"/> F-150 <input type="checkbox"/> _____	<input type="checkbox"/> 1270 <input type="checkbox"/> 2540	<input type="checkbox"/> Imposition attached	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

OFFICE USE ONLY:

Date/Time received: _____ Media: _____

CODES:

- NWR** NEGATIVE WRONG READING
- PWR** POSITIVE WRONG READING
- NRR** NEGATIVE RIGHT READING
- PRR** POSITIVE RIGHT READING

- LPI** LINES PER INCH
- DPI** DOTS PER INCH

PAGE SIZES:

- A5**
- A4**
- A3**
- A2**