

# Label Quote Request



## Label Characteristics

### Material:

- Thermal Transfer
- Direct Thermal  Standard (non-topcoated)  Premium (topcoated)  NIR
- Laser
- Integrated Label
- Film
- Other: \_\_\_\_\_

Opaque

### Adhesive:

- Permanent
- Removable
- Freezer
- Other: \_\_\_\_\_

### Color:

- Blank
- Floodcoat
- Spot-Color:  
How many? \_\_\_\_\_  
% coverage \_\_\_\_\_

### Type:

- Rolls  Pinfeed
- Fanfold Carrier Width: \_\_\_\_\_
- Sheets \_\_\_\_\_

### Perforation:

- Perforated
- Non-perforated

### Quantity:

\_\_\_\_\_

Extra Characteristics: \_\_\_\_\_

## Measurement and Quantity

### Label Dimensions:

Width: \_\_\_\_\_ Length: \_\_\_\_\_

Core Size: \_\_\_\_\_

Roll Outer Diameter: \_\_\_\_\_

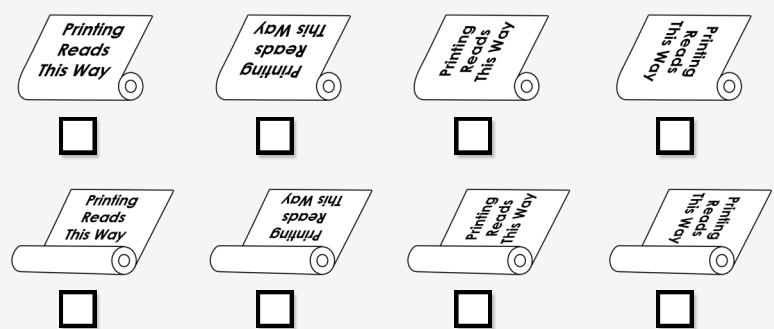
Repeat: \_\_\_\_\_

Labels Per Roll/Fold: \_\_\_\_\_

Labels Per Case: \_\_\_\_\_

Printer Model: \_\_\_\_\_

### Wind Direction:



## Application and Environment

### What chemical resistance does your label require? (Check all that apply)

- Alcohol
- Oil
- Grease
- Solvents
- Other: \_\_\_\_\_
- None

### In what environments or conditions will the label be used? (Check all that apply)

- Indoors
- Outdoors  covered  uncovered
- Cold temperatures
- Hot temperatures
- Room temperatures
- Other: \_\_\_\_\_

Temperature Range: \_\_\_\_\_

### What surfaces must the label adhere to? (Check all that apply)

<input type="checkbox"/> Corrugated (Boxes, etc)	<input type="checkbox"/> Dirty
<input type="checkbox"/> Glass	<input type="checkbox"/> Frozen/wet
<input type="checkbox"/> Paper	<input type="checkbox"/> Moist
<input type="checkbox"/> Metal	<input type="checkbox"/> Oily
<input type="checkbox"/> Wood	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Curved	

## Contact Information

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_