

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: _____

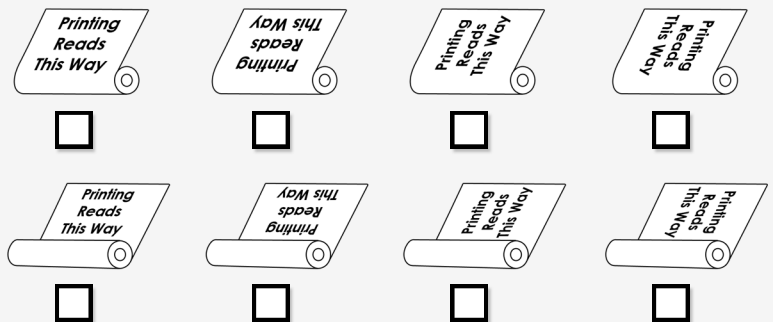
Repeat: _____

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: _____