

Label Form

Quote
Order
Sample Order

Date _____
Salesperson _____
Quote Due by _____
Quoted by _____

ART INFORMATION:

Number of Colors _____
List PMS Colors _____
Number of Colors on Front _____
Number of Colors on Back _____
Varnish YES NO If yes, check which one below:
Water Base UV Imprintable(Thermal Ribbon, Ink Pen, Sharpie Marker)

CUSTOMER INFORMATION:

Customer _____
Address _____
City/State/Zip _____
Attention _____

LABEL SPECS:

Description _____
Size (Width & Length) _____
Back Trim (Width on Each Side) _____
Quantities (Specify sell unit of measure, roll, m, case, each)

Die Cut YES NO
Butt Cut YES NO
Sheeted YES NO If yes, number of labels per sheet _____
If yes, finished cut sheet size _____
Fanfold YES NO If yes, number of labels per fold _____
Pinfeed YES NO If yes, total liner width _____
Roll YES NO

Perforation HORIZONTAL LINEAL
Perf every _____ labels around Teeth per inch _____
Perf every _____ labels across Teeth per inch _____

MATERIAL:

Facestock _____
Adhesive _____
Liner _____

APPLICATION:

Label is applied to _____
Application temperature _____
Ambient conditions (ie..wet, humid) _____

STORAGE:

Number of Ships per run _____
Number of Shipping Destinations _____

FREIGHT:

Delivered _____
Collect _____
Zip Code _____

FINISHING: ROLLS

Number of labels per roll _____
Core ID _____
Number of rolls per case _____

FANFOLD

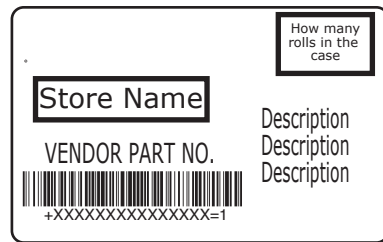
Number of labels per stack _____
Number of stacks per case _____

SHEETS

Number of sheets per stack _____
Number of stacks per case _____

STANDARD/CUSTOM BOX LABEL

EXAMPLE ONLY



Special Information required? YES NO
Details (SKU# etc..) _____

WIND DIRECTION

Please click in box(s) that apply and list front/back.

	ROLLWIND #1 COPY	ROLLWIND #5 COPY	
Front			Front
Back			Back
	ROLLWIND #2 COPY	ROLLWIND #6 COPY	
Front			Front
Back			Back
	ROLLWIND #3 COPY	ROLLWIND #7 COPY	
Front			Front
Back			Back
	ROLLWIND #4 COPY	ROLLWIND #8 COPY	
Front			Front
Back			Back