



800-236-3584 FAX: 920-788-7733

QUOTATION REQUEST

QUOTE #: _____

DATE: _____

Sales Rep.: _____

Fax To: Sales Rep. Customer

COMPANY NAME: _____ ATTN: _____

ADDRESS: _____ PH: (7 digits) _____

CITY/STATE/ZIP: _____ FAX: (7 digits) _____

EMAIL ADDRESS: _____

PRINTER MAKE AND MODEL #: _____

Die No. _____ Quote Die Quote Closest Die (circle one) Auto Applied? Yes No

HORIZONTAL LABEL WIDTH: _____ # Across _____ VERTICAL LABEL WIDTH: _____

HORIZONTAL LINER WIDTH: _____ VERTICAL LINER WIDTH: _____

Is the liner perforated? Yes No Does label have perf/slits? Yes - Perf Slit VERTICAL (⚡) GAP BETWEEN LABELS? Yes - 1/8" standard or other

CONT. STRIP OTHER No (if yes, supply drawing) TIMING INDICATOR? NO YES

Additional Information: _____

STOCK: COATED THERMAL TRANSFER DIRECT THERMAL (High Speed Regular) NTC

MATERIAL CODE: _____ OTHER: _____

ADHESIVE: PERMANENT COLD TEMP REMOVABLE OTHER _____

LABEL BEING APPLIED TO WHAT & WHERE: _____

PRINTED: NO YES PRINTING HAS: (check all that apply) LINE COPY BLEEDS LOGO

COLORS _____ %INK _____ BLACK BAR SCREENS REVERSE BARCODE FLOODCOAT

FINAL PRODUCT:

ROLLS LABELS/ROLLS _____ ROLLS/CASE _____ CORE SIZE(I.D.) _____ ROLL O.D. _____

FANFOLD # LABELS/FOLD _____ LABELS/STACK _____ STACKS/CASE _____

QUANTITY: _____

PRICE: _____

FOB Little Chute, WI 54140 FOB Delivered to Zip _____

**** (If nothing is selected the quote will automatically be entered as FOB Little Chute.) ****

PLATE CHARGE: _____ each DIE CHARGE: _____ ART CHARGE: **\$50.00/hr**

COLOR CHANGE CHARGE: _____ per color COPY CHANGE CHARGE: _____ per copy