



*Accurate Labelling*

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## QUOTE INFORMATION

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

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

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### TECHNICAL SPECIFICATION OF YOUR LABEL

(Please provide as much information as possible to enable an accurate quote)

What is the label being applied to? \_\_\_\_\_

Where would the labels be used?

Inside  Outside  In sunlight  In chiller  Other \_\_\_\_\_

What would they be exposed to?

Damp/wet  Solvents  Rubbing  Heat  Other \_\_\_\_\_

Size: Width \_\_\_\_\_mm Height \_\_\_\_\_mm

Shape: Square  Rectangle  Circle  Oval  Other \_\_\_\_\_

How many labels across? Single  Two  Other \_\_\_\_\_

How do you print your label?

Direct Thermal  Thermal transfer  Ink Jet  Other \_\_\_\_\_

Make & model of printer \_\_\_\_\_

What is the leading edge that feeds out of the printer? Wide Edge  Narrow Edge

What size is the core of the label roll? \_\_\_\_\_mm How many labels per roll? \_\_\_\_\_

If you require pre-printed labels, how many colours?

One  Two  Other \_\_\_\_\_ Colours \_\_\_\_\_

What type of label/finish do you require?

Thermal  Matt White  Gloss White  Radiant  Other \_\_\_\_\_

What quantity of labels would you order? \_\_\_\_\_ How often? \_\_\_\_\_

Any other special requirements/information? \_\_\_\_\_

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Please fax this completed form back to 04 9310050  
Thank you for your time – we look forward to being of service to you