



LEGACY LABEL

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QUOTATION REQUEST

Date: _____

Co. Name: _____

Name: _____

PN / Description: _____

Phone: _____

Fax: _____

Email: _____

Size/shape _____

Exact Size? _____ If Not +/- _____

Material & Adhesive _____

Varnish/Laminate/Dome _____

UV Letterpress UV Screen Print
Digital Foil Stamp
Emboss Thermal Transfer

QUANTITIES TO QUOTE

Table with 5 empty columns for quantities.

COPY CHANGES Number of Copies
Plate Changes Screen Changes
Color Changes Stock Changes

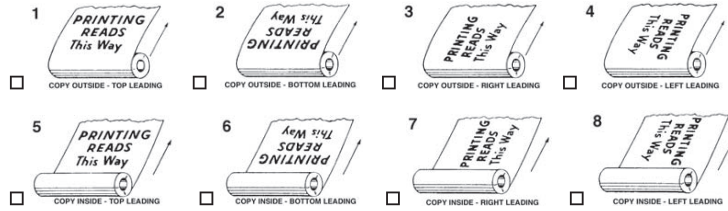
Consecutive Numbering / Barcoding
Color Type of Barcode
Number of Sequences

Finishing
Hand Applied? / Auto Applied?
ROLLS - Number of labels per roll
Perf between each label? YES NO
SHEETS - Number per sheet
Number of sheets per package

Table with 3 columns: INK COLORS, STD, PMS MATCH

% Ink Coverage UL
Bleeds CSA
Close Registration

Please pick a preferred unwind direction at right. If it isn't critical, please DON'T pick one. This will increase the odds of possibly using a stock die on hand for your order.



Will you be printing on these labels? How? (thermal transfer, direct thermal, laser, hand written, etc...) _____

Application surface? _____ What temperature will the label be applied at? _____

What is the service temperature range of the label after it's applied? _____

Is label applied indoor/outdoor? _____ Environmental exposures (sunlight, chemicals, abrasion, extreme heat or cold, etc) _____

Label life expectancy? _____ Months _____ Years

NOTES: _____