



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
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

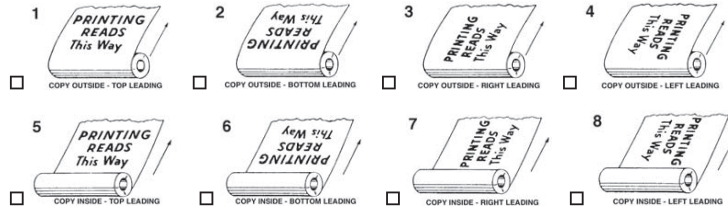
Consecutive Numbering / Barcoding
Color Type of Barcode
Number of Sequences

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 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: \_\_\_\_\_