

# Label RFQ (Request for Quote): You MUST complete all sections

## Company Information

Company: <input type="text"/>	End User: <input type="text"/>	Reseller: <input type="text"/>	Phone: <input type="text"/>
Contact Name: <input type="text"/>	Customer #: <input type="text"/>		Fax: <input type="text"/>
Sales Rep: <input type="text"/>	Sales #: <input type="text"/>		Quote: <input type="text"/>

<b>Label Construction</b> <b>INCHES</b> Width: <input type="text"/> Height: <input type="text"/> Repeat Down: <input type="text"/> No. Wide: <input type="text"/> Vertical Gap (If Multi-wide): <input type="text"/> Finished Web Width: <input type="text"/> Sensoring by: <input type="checkbox"/> Gap <input type="checkbox"/> Air Eject <input type="checkbox"/> Sensor Mark Notched ( One Side or Two Side ) None	<b>METRIC</b> Exact size not required. Use closest available die.	<b>Die Cut</b> Special Shape: <input type="text"/> <input type="checkbox"/> <b>Butt Cut</b> <input type="checkbox"/> <b>Air Eject</b> Size: <input type="text"/> Shape: <input type="text"/> <input type="checkbox"/> <b>Nicked Hole</b> Size: <input type="text"/> <input type="checkbox"/> <b>Horseshoe Notch (U)</b> <input type="checkbox"/> <b>Linehole Punch</b>	<b>Non Perforated</b> <b>Perforated</b> (include details below) Horizontal <input type="checkbox"/> Perf b/w every label <input type="checkbox"/> Perf every <input type="text"/> labels <input type="checkbox"/> Face Perf; Location: <input type="text"/> <input type="checkbox"/> <b>Slits</b> (include details below) Horizontal <input type="checkbox"/> Face <input type="checkbox"/> Back #: <input type="text"/> Describe Location(s): <input type="text"/> Vertical <input type="checkbox"/> Between Columns <input type="checkbox"/> At Margins <input type="checkbox"/> Face Perf; Location: <input type="text"/>
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## Imprint Method & Material Specifications

<b>Thermal Transfer</b> <b>Direct Thermal</b> IR - Infrared Near Infrared Visible Light Uncoated Mid-grade Premium <b>Dot Matrix</b> <b>Laser</b> <b>Inkjet</b> <b>None</b> <b>Printer:</b> Make: <input type="text"/> Model: <input type="text"/>	<b>Facestock:</b> <input type="text"/> <b>Adhesive:</b> <input type="text"/> <input type="checkbox"/> Permanent <input type="checkbox"/> Removable <input type="checkbox"/> Indoors <input type="checkbox"/> Freezer <input type="checkbox"/> None <input type="checkbox"/> Outdoors <b>Surface Label is Affixed To:</b> Corrugated Paper Metal Glass Painted Surface <b>Surface Is:</b> Clean Unclean Smooth Textured Flat Curved <input type="checkbox"/> Other: <input type="text"/>	<b>Customer Specified</b> <b>Temperature Range:</b> During Application: <input type="text"/> °F After Application: <input type="text"/> °F Plastic (Specify): <input type="text"/> Other (Specify): <input type="text"/> <b>Manufacturer:</b> <input type="text"/> <b>Applied By:</b> <input type="checkbox"/> Hand Peel & Present <input type="checkbox"/> Machine / Auto Apply Speed: <input type="text"/> labels/min.
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<b>Printing Specifications</b> <b>None</b> <b>Flexographic Print</b> Imprint Vertical Horizontal <b>Floodcoated</b> <b>4-Color Process</b> <b>PMS</b> <b>Fluorescent</b> <b>Match with Charge</b> <b>Standard Variance Allowed</b>	<b>Colors:</b> (Input % coverage and designate F/B) (1) % Coverage: Front Back (2) % Coverage: Front Back (3) % Coverage: Front Back (4) % Coverage: Front Back (5) % Coverage: Front Back (6) % Coverage: Front Back (7) % Coverage: Front Back (8) % Coverage: Front Back (9) % Coverage: Front Back (10) % Coverage: Front Back <b>Surface Finish:</b> TT Receptive Matte Gloss Overlaminate UV Coating Other: <input type="text"/>	<b>Description of Copy:</b> Provide any additional details here (include sample drawing if possible) <div style="border: 1px solid black; height: 100px; width: 100%;"></div> <b>UL Marks:</b> Type "R" UL Marks: <input type="checkbox"/> Type "R"
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## Finishing Specifications

**Special Boxing** (i.e. 1 ribbon/4 label rolls):

<b>Rolls</b> 	<b>Wound In</b> <b>Wound Out</b>	<b>Labels/Roll:</b> <input type="text"/> <b>Outside Diameter (OD):</b> <input type="text"/>	<b>Core Size</b> (Inside Diameter): <input type="text"/> <b>Rolls/Carton:</b> <input type="text"/>
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<b>Fanfold</b> 	<b>Horizontal Perf in Liner:</b> Each Label Only at Fold	<b>Labels/Fold:</b> <input type="text"/> <b>Labels/Stack:</b> <input type="text"/> <b>Stacks/Carton:</b> <input type="text"/>
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<b>Customer's Yearly Use:</b> <input type="text"/> <b>Blanket:</b> <input type="text"/> <b>Release Quantity:</b> <input type="text"/> <b>Order Intervals:</b> <input type="text"/>	<b>Master Quantity:</b> <input type="text"/> <b>Storage Time:</b> <input type="text"/> <b>Quantities:</b> <input type="text"/>	<b>Competition:</b> <input type="text"/> <b>Meet Price:</b> <input type="text"/>
Customer CAD with RFQ Sample submitted with RFQ Sample return to sales requested Date sample returned to sales: <input type="text"/> / <input type="text"/> / <input type="text"/>		