



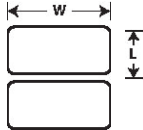
CSR: _____

Company Name / Location: _____ Acct#: _____ Date/Time: _____
Contact: _____ Phone: _____
Email (or Fax): _____ Reference: _____

Size: _____ H. Perfs _____ V. Perfs _____

Carrier width: _____ Repeat _____

Die cut RCR with _____/corners Buttcutt Pinfeeds Perfs Only Continuous Roll Spec slits/back cuts



Material: _____ Adhesive: _____

Application / Applied to: _____

Varnish: _____ Laminate: _____

Special application temps: _____ Application method: Hand Apply Auto Apply

Printer Information: Make: _____ Model No: _____

Ribbons for application: _____ Consecutively #'ed: _____

FRONT Colors: _____ / % Coverage: _____ Tint Print Fluor/Metallic Inks HP CMYK/4CP

BACK Colors: _____ / % Coverage: _____ Tint Print Fluor/Metallic Inks Flexo CMYK/4CP

of Lots _____ #Color Changes _____ #Plate Changes _____

Rolls Core Size: _____ Qty/Roll: _____ OD Size: _____ Qty/Box: _____
 Fanfold FF length/Depth: _____ Qty/Box: _____
 Sheets Labels per Sheet: _____ Qty/Pack: _____ Qty per box: _____
 Polybag Shrink Wrap

QUANTITIES TO QUOTE:

1. _____ 2. _____ 3. _____
4. _____ 5. _____ 6. _____

OR ANNUAL VOLUME: _____ # RUNS/YEAR OF: _____

Need Frt Quoted Yes No Zipcode _____ City _____ State _____

Existing Application? Yes No

Problems with the existing application? _____

Business you currently have? Yes No

Price point we need to be at? Yes No Target Price: _____

Other business we're missing out on? _____

Additional Notes: