



Packaging Solutions

Date: _____

Customer _____ Contact _____ Title _____

Address _____ City _____ State _____ Zip _____

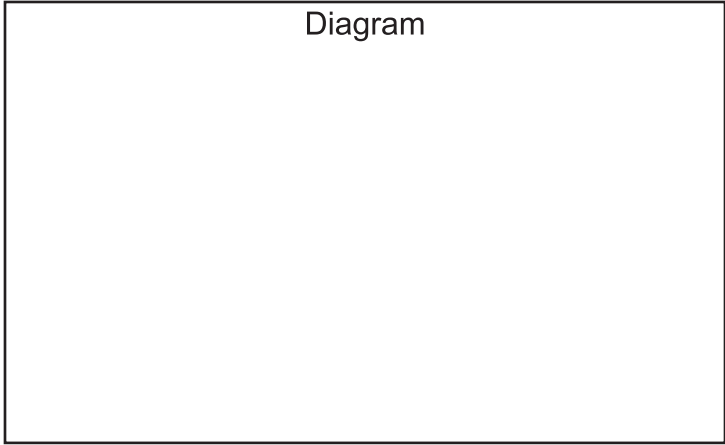
Phone () _____ Ext. _____ Fax () _____

Label Description _____ Email: _____

Label Size _____

Width (AC) _____ Length (AR) _____

- RCR RCS Cross Score
- Circle Oval Special Shape
- Sheeted Perforated Tab
- Backscore Tamper Proof
- Special Cutting Instructions _____



- Colors**
1. PMS# _____
 2. PMS# _____
 3. PMS# _____
 4. PMS# _____
 5. PMS# _____
 6. PMS# _____
 7. PMS# _____
 8. PMS# _____

Material

- Hi Gloss
- Semi Gloss
- Litho
- Vinyl
- Foil
- Film
- Other

Adhesive

- Permanent
- Remove
- Cold Temp
- N/A

Varnish

- Waterbase
- FDA OP
- U.V.
- Spot Varn.
- Full Varn.

Lamination

- Polyprop
- Mylar
- Other

Comments _____

Application

- Automatically Applied Hand Applied
- Product Applied to: _____
- Substrate:
- Flat Curved Wet Dry
- Contamination- _____ Compound Curve
- Application Temperature:
- Average _____ Cold _____ Freezer _____
- Service Temperature _____ °F to _____ °F

Exposure

- Indoors _____ Outdoors _____
- Humidity _____ Moisture _____
- Chemicals _____ Oil _____
- Grease _____ Water
- Immersion _____
- Other _____



Packaging Solutions

Rewind/Pacakge

Label In # _____ Label Out # _____
 Core I.D. _____ Roll Diameter _____
 Style # _____ Labels/Roll _____ Length _____
 Sheets per Stack _____ Chipboard & Band _____
 Shrinkwrap _____

Web Direction

1 <input type="checkbox"/>	
2 <input type="checkbox"/>	
3 <input type="checkbox"/>	
4 <input type="checkbox"/>	
5 <input type="checkbox"/>	
6 <input type="checkbox"/>	
7 <input type="checkbox"/>	
8 <input type="checkbox"/>	

Special Packaging Instructions

Quantity	Price Per M	Extension

	Prep	Extension
Art Charges		
Digital Plates		
Copy Change		
Color Change		
Proof		
Tooling		

Salesperson _____

Estimator _____ Date _____