

Logmatix Label Quote Request

Company Name _____

Contact Person _____

Phone _____

Fax _____

Email _____

<input type="checkbox"/> New	<input type="checkbox"/> Exact Repeat Previous Order# _____
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<input type="checkbox"/> Revised Repeat Previous Order# _____ Specify Changes: _____

Description of Application
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Die Cut (Circle all that apply)			
RCR	Sheeted	Hole Punched	Vertical Slit Front
SCR	Continuous Roll	Special Shape Tag	Perfed in Face Only
Butt Cut	Perfed Only	Vertical Slit Front	Laser Sheet (8.5 x 11)
Circle	Special Shape Label	Horizontal Slit Front	Other:
Oval	Notched	Vertical Slit Back	

Width _____	Height _____	Gap Horizontal _____	Gap Vertical _____
Repeat Length _____	Perfed Where _____		

If Sheeted:		
Sheet Size _____	Label Size _____	Labels Per Sheet _____

Material	_____
Facestock	_____
Adhesive	_____
Liner	_____
Other	_____

Substrate (Circle all that apply)	
Corrugated	Curved
Glass	Flat
Metal	Smooth
Plastic including type	Textured
Other:	Contaminants:

Application Conditions	Other Considerations:
Room Temp _____	
Cool (temp?) _____	
Freezer (temp?) _____	
Wet/Dry _____	
Outdoor _____	

Finishing	Finished # Across _____	# Per Roll _____	Rewind # _____
<input type="checkbox"/> Rolls	Core Size _____	# Per Stack _____	Pinfed _____
<input type="checkbox"/> Fanfolded	Fold Length _____	# Per Stack _____	Other _____
<input type="checkbox"/> Sheets			

Packaging Instructions

Application Method
 Hand Applied Auto Applied Semi-Automatic

# of Colors Per Label	_____
# of Copy Lots	_____
# of Color Lots	_____
Total # of Versions	_____

Colors (Circle all that apply)

PMS Colors	Floodcoated	Back Print	Other:
Color Matches	Varnish	4/C Process	
Screens	UV	Adhesive Print	

Variable Imprint
Type: Sequential Database Static
 Symbology _____ Scanning Distance _____
 Human Readable Info _____
 Other Specs _____

Drawing

Quantity _____

Other Considerations