

NEW CHANGE

INFORMATION SHEET

ESTIMATE ORDER

REV. 1/20/05

SALESMAN _____ DATE _____ ESTIMATE BY _____ EST. # _____ DATE _____

CONTACT _____

CUSTOMER _____

PHONE _____ FAX _____

E-MAIL _____

DESCRIPTION _____

CROSS WEB LINEAL TOOTH

LABEL SIZE _____ X _____

ACROSS _____ SPACE _____ STEP _____

AROUND _____ SPACE _____ STEP _____

D/C RECT CIRCLE OVAL B/C S.S. HANGTAG

NOTCHES ON LEFT ON RIGHT BOTH SIDES

DIE NO.(S) _____ # OF CYLINDERS _____

PERF LINEAL at _____ HORIZ. every _____

BACKSCORE FRONT SCORE CREASE SCORE

SHEET X SHEET W/ _____ PEEL STRIP REMOVE

FACE MATERIAL _____ LINER _____

ADHESIVE _____ SUPPLIER _____

OVERLAM. THICKNESS _____ SUPPLIER _____

ROLL WD. _____ OVERLAM WIDTH _____

	PMS COLOR	TYPE INK/V
1		
2		
3		
4		
5		
6		
7		
8		
V		
A		
UV		
	<input type="checkbox"/> PATTERN	<input type="checkbox"/> FULL

QTY						
COST						
DIE COST						
PLATE COST						
ART COST						
OTHER						

PACKAGING

BAG DISP. BOX SIZE _____

SHEETS CT. PKG _____

BULK PACK NO.PER BOX _____

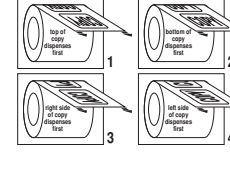
LABELS/SH _____ AUTO BAG

L SEAL SHRINK CHIP BOARD

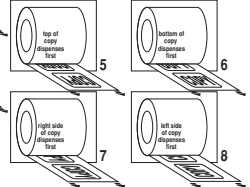
LABELS/CASE _____

CASE/SIZE _____

Copy positions: 1-4 — labels wound out



Copy positions: 5-8 — labels wound in



WINDING

#ACROSS _____

TWO SIDED

FANFOLD MANUAL AUTO

FOLD LENGTH _____

LABELS/FOLD _____

PINFEED CARRIER WIDTH _____

HOLE LOCATION _____

HAND APPLIED

AUTO MCH. DISPENSE _____ MCH.

LABEL OVERLAPS BY _____ INCH

THERMAL PRINT _____ MCH.

ROLLS RIBBONS _____

NO/ROLL _____ CTR. _____

O.D. _____ CORE _____

SPLICE/ROLL _____ COLOR TAPE _____

SPECIAL INSTRUCTIONS _____

LABEL BEING APPLIED TO: _____

METHOD OF QUALITY TESTS ARE PERFORMED BY CUSTOMER? _____

CUSTOMER SAMPLE PROVIDED? _____

COMMENTS: _____