

Company Information		Complete Form & Fax To: 480-894-6255	
Name			
Company			
Title			
Street Address			
Suite or Apt #			
City/State/Zip			
Phone		Fax	
Email			
Need By Date			
Request for Quote Product Information			
Product Type	<input type="checkbox"/> Inkjet Printable <input type="checkbox"/> Laser Printable <input type="checkbox"/> Thermal Transfer	<input type="checkbox"/> Pre-Printed <input type="checkbox"/> Non-printable <input type="checkbox"/> Other (specify)	
Special Requirements	<input type="checkbox"/> UL / CSA <input type="checkbox"/> RoHs	<input type="checkbox"/> Auto Dispense <input type="checkbox"/> Other (specify)	
Materials	Inkjet Materials		Thermal Transfer Materials
	<input type="checkbox"/> White Matte Polyester <input type="checkbox"/> Other (specify)		<input type="checkbox"/> Thermal Transfer Paper <input type="checkbox"/> Polyester White Gloss <input type="checkbox"/> Polyester Clear Gloss <input type="checkbox"/> Polyester White Matte <input type="checkbox"/> Polyester White Removable <input type="checkbox"/> Polyester Silver Metalized <input type="checkbox"/> Other (specify)
	Laser Materials		
	<input type="checkbox"/> Laser Printable Polyester White <input type="checkbox"/> Laser Printable Polyester Clear <input type="checkbox"/> Other (specify)		
Volume	Annual Usage	Initial Quantity	
Request for Quote Label or Tag Specifications			
Label Size	Height		Width
	Horizontal Repeat		Vertical Repeat
	Labels Per Row		Finished Web Width
Die Specifications	<input type="checkbox"/> Radius _____ Inches <input type="checkbox"/> Square	Labels Per Sheet (Laser, Inkjet)	
		Labels per Roll (Thermal Transfer)	
Package Considerations	<input type="checkbox"/> Rolls <input type="checkbox"/> Sheets <input type="checkbox"/> Other (specify)	Wind Label Face: <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> Perforate liner between rows.	
Printing or Color Considerations	<input type="checkbox"/> Printed Legends (include list) <input type="checkbox"/> Serialized (include sequence) <input type="checkbox"/> Positive <input type="checkbox"/> Reversed	<input type="checkbox"/> Logo: Color _____ <input type="checkbox"/> Back Ground: Color _____ <input type="checkbox"/> Print: Color _____	
Other Considerations			

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