

Label Selection Questionnaire



To better understand your needs and make the optimal recommendation for your application, please complete the following Label Section Questionnaire.

Contact Details

Contact Name: _____ Company Name: _____

Contact Number: _____ (Office) _____ (Mobile) _____ (FAX)

Overview of Requirements

Application Name: _____ Annual Volume (MMSI): _____

Order Frequency: _____ times/year Size of Label _____ (inches) x _____ (inches)

Product Currently Used for Application: _____

End User: _____

Product to be Labeled

Substrate	<input type="checkbox"/> HDPE	<input type="checkbox"/> LDPE	<input type="checkbox"/> PETE	<input type="checkbox"/> Apparel
	<input type="checkbox"/> Corrugated	<input type="checkbox"/> Glass	<input type="checkbox"/> Metal/Stainless Steel	
	<input type="checkbox"/> Shrink Wrap	<input type="checkbox"/> PVC	<input type="checkbox"/> Other _____	
	<input type="checkbox"/> Smooth	<input type="checkbox"/> Textured		
Shape	<input type="checkbox"/> Flat	<input type="checkbox"/> Curved	<input type="checkbox"/> Small Diameter (<1 inch)	
	<input type="checkbox"/> Corner	<input type="checkbox"/> Round	<input type="checkbox"/> Other _____	
	<input type="checkbox"/> Rigid	<input type="checkbox"/> Squeezable		

Additional Product Details _____

Facestock

Film	<input type="checkbox"/> White	<input type="checkbox"/> Metallized		
	<input type="checkbox"/> Clear	<input type="checkbox"/> Other _____		
	<input type="checkbox"/> Gloss	<input type="checkbox"/> Matte		
	<input type="checkbox"/> PP	<input type="checkbox"/> PE	<input type="checkbox"/> MDO	
	<input type="checkbox"/> PET	<input type="checkbox"/> PVC	<input type="checkbox"/> Other _____	
Paper	<input type="checkbox"/> White	<input type="checkbox"/> Fluorescent		
	<input type="checkbox"/> Metallized	<input type="checkbox"/> Other _____		
	<input type="checkbox"/> Gloss	<input type="checkbox"/> Matte	<input type="checkbox"/> Coated	<input type="checkbox"/> Uncoated

Additional Facestock Details _____

Printing and Converting

Press Printing Flexo-UV Letter Press Digital
 Flexo-Water Screen Other _____

Variable Information Printing Laser Thermal Transfer Impact/Dot Matrix
 Inkjet Direct Thermal Other _____
Printer Model _____ Ribbon _____

Die-cutting Rotary Die Laser Die
 Flatbed Die Other _____

Finished Roll Roll to Roll Roll to Sheet
 Layflat Other _____

Additional Printing Details _____

Adhesive

Adhesive Type Emulsion Hot Melt Solvent
 Permanent Removable Repositionable Other

Additional Adhesive Details _____

Environmental & Special Conditions (at time of application/post application)

Application Temperature _____ °F
Service Temperature _____ °F (min) to _____ °F (Max)
Exposure Conditions Wet/Moist High Humidity Outdoor
 Dirt Dust Other _____
Special Label Requirements Direct Food Pasteurizable Oils Sterilization
 Solvent Resist UV Resist Other _____

Other Environmental or Special Considerations _____

Application Method

Applicator Automatic _____ (speed) Hand/Manual Other _____
Special Conditions Fresh Blown Containers
 Hot Fill Containers

Other Application Method Considerations _____