



Fill out and fax to USA location near you: Chicago (815) 439-1486 * Cleveland (330) 725-2524
Charlotte (704) 489-2750 * Los Angeles (714) 441-0027

Medical Applications

Customer Name:

Contact:

Customer Phone:

Customer Fax:

Customer E-mail:

Customer Address:

Previous Job: Yes No

Job Name:

Previous Quote Number:

Job Number:

Exact Repeat: Yes No

If Affixed Label:

Label Size:

Label Type: Singleply, Piggyback, Triggyback

Label Stock: Matte Litho, EDP or Latex

Other Label Stock:

Liner: Image or Non- Image

Adhesive: Permanent, Removable or Re-positionable

No. of Colors:

Pinfeed: Yes or No

If Yes: One-Side or Both-Sides

Delivered on: Rolls or Fan-Folded

Slits: No. of Vertical

No. of Horizontal

If Integrated Label:

Label Size:

Adhesive Patch: Image Liner, CB Image or Non-Image

Adhesive: Permanent or Removable

Bar-Coding Information

Label Barcoded: Yes or No

Ladder or Picket Fence

Bar Code Type:

Form Barcoded: Yes or No

Ladder or Picket Fence

Bar Code Type:

Form Information:

Form Size: Continuous Form, Roll to Roll, Unit Set or Cut Sheet

Burst & Slit: Yes or No

Sheeted: Yes or No

Poly Wrapped: Yes or No

Quantities: