



14701 W. 106th Street
 Lenexa, KS 66215
 913-888-6828 Fax 913-888-7377
www.spectragraphics.com

Quote Request Form

Date: _____ **Sales Rep:** _____
Cust/Prospect (# or name / address etc) : _____

Preferred MOP: Credit Card Credit Terms Other (specify) _____

Note: New Customer & Credit Card Forms (if cc applicable) must be completed and returned 1 week in advance of order placement.

Label Description: _____ Existing? Yes No

Have Sample? Yes No **Match To?** Sample Art File

Quantity Breaks: _____

of Versions: _____ **Annual:** _____ **Changeovers:** In Out

Size Requested: _____ Across X _____ Around **Use Closest Existing?**

Hand or Machine App? _____ **Perfed/Location?** _____

Plowfold: Unfolded Size _____ Folded Size _____ Perfs _____

Onsert: Booklet Size _____ # Of Pages _____ Resealable Yes No

Notes: _____

Type of Art Provided? _____ **Art & Plates:** Amortize Separate Split

Colors: CMYK Spot Combination Thermal Inks

Liner Print Adhesive Print Color Fast Inks Other _____

Coatings Requested:

UV Gloss Varnish	<input type="checkbox"/>
Selfwound Lamination	<input type="checkbox"/>
PolyEster Lamination	<input type="checkbox"/>
None	<input type="checkbox"/>
Other	_____

Materials:

Semi Gloss Paper	<input type="checkbox"/>
Metalized Paper	<input type="checkbox"/>
Thermal Transfer Paper	<input type="checkbox"/>
Direct Thermal / Type	<input type="checkbox"/>
Clear/White Film / Type	<input type="checkbox"/>
Other	_____

Adhesive:

General Permanent	<input type="checkbox"/>	Removable	<input type="checkbox"/>
Freezer	<input type="checkbox"/>	Repositionable	<input type="checkbox"/>
Cold/Fridge Temp	<input type="checkbox"/>	Other/Specialized	<input type="checkbox"/>

Substrate & Environmental Notes: _____

Finishing: **Roll Specs** Roll Count _____ Max OD" _____ Core ID" _____

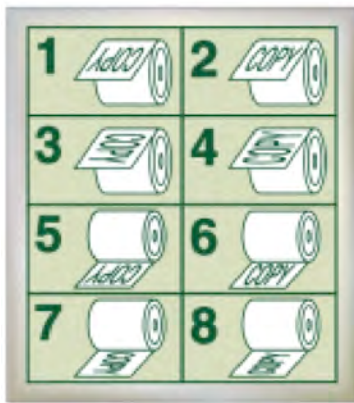
Across Finished _____

Sheet Specs Bulk Packed Shrink Wrap Bagged

Special Pkg Instructions: _____

Box Instructions: _____

Core Tag Instructions: _____



- Unwind:**
- | | | | |
|--------------------------|---------------------------------|--------------------------|--------------|
| <input type="checkbox"/> | 1 - Label Out, Top First Off | <input type="checkbox"/> | - Out, Blank |
| <input type="checkbox"/> | 2 - Label Out, Bottom First Off | <input type="checkbox"/> | - In, Blank |
| <input type="checkbox"/> | 3 - Label Out, Right First Off | | |
| <input type="checkbox"/> | 4 - Label Out, Left First Off | | |
| <input type="checkbox"/> | 5 - Label In, Top First Off | | |
| <input type="checkbox"/> | 6 - Label In, Bottom First Off | | |
| <input type="checkbox"/> | 7 - Label In, Right First Off | | |
| <input type="checkbox"/> | 8 - Label In, Left First Off | | |

Special Instructions / Requirements:

Equal Front/Backs	<input type="checkbox"/>
Freight Prepaid & Included	<input type="checkbox"/>
Special Over / Under %	+ _____ % - _____ %
Dealer Order / Silent Ship	<input type="checkbox"/>
Additional Instructions:	_____

