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[www.spectragraphics.com](http://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   
 Selfwound Lamination   
 PolyEster Lamination   
 None   
 Other \_\_\_\_\_

**Materials:** Semi Gloss Paper   
 Metalized Paper   
 Thermal Transfer Paper  TC/NTC/Film  
 Direct Thermal / Type   
 Clear/White Film / Type   
 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" \_\_\_\_\_

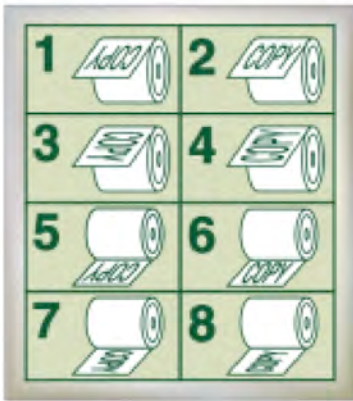
# Across Finished \_\_\_\_\_

**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:	_____
	_____
	_____
	_____