



Label Application Checklist

From: _____

To: **A&B Labels and Printing Inc.** _____

Contact: _____

Location: _____

Phone # _____

Attn.: _____

Fax # _____

Today's Date _____

Refer To: _____

Date Quote Due _____ Fax Phone

New Order (Yes/No), Repeat Order (Exact/Change), A&B Refer No. _____

Construction

Die Cut _____ Pinfeed _____ Butt Cut _____ Perfs Only _____ Direct Thermal _____

Fan Fold _____ Rolls _____ Sheets _____ Laser _____ Thermal Transfer _____

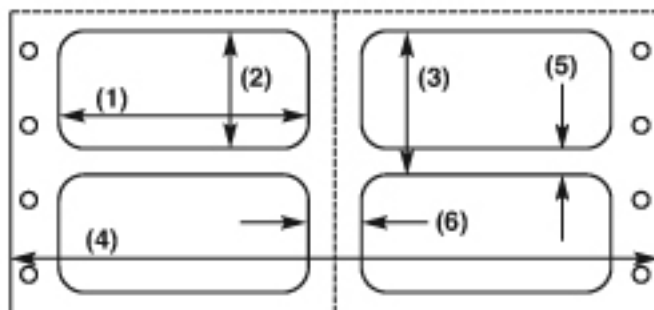
Label Size Width:¹ _____ X Depth:² _____ Label Repeat:³ _____

No. Across Web: _____ Fold Length _____ Carrier Width:⁴ _____

Label Spacing: Horizontal Spacing:⁵ _____ Vertical Spacing:⁶ _____

Horizontal Perfs/Slits _____

Vertical Perfs/Slits _____



Application

Be detailed. (list substrates and temperatures)

Material Face _____ Adhesive _____ Liner _____

Application _____

(New or Existing) _____

Problems with Existing Application _____

Printer Type (Make & Model) _____

Printing

(circle if applicable) TIGHT REGISTRATION, BLEEDS, SCREENS, REVERSES

No. of Colors Printed _____ PMS Colors Yes/No _____ Ink Coverage _____ %.

Comments: _____

Special Packaging

explain _____

Qty/Box _____ Qty/Roll _____ Core I.D. _____ Shrink Wrap _____

Comments _____

Quantity					
Price					

First Order Charge _____

Delivery Time _____