

# 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 \_\_\_\_\_