

BASIC SHRINK SLEEVE QUOTE REQUEST INFO:

	Customer name:	Project name:		
1)	Size of sleeve flat, unglued: width across web (width across always listed 1st x length from opening of slee	$ X width along web $ <i>eve to opposite open end of sleeve</i> 2^{nd}		
2)	Size of seam overlap area:(how much material overlaps at the seam.)			
3)	Finished final size after folding and seaming and ready	y to apply to your product:	X	
4)	Container type that sleeve is applied to:	(plastic resin type, glass	, metal, etc.)	
5)	Conditions of labeling environment if not dry, clean, and ambient temp:			
6)	Shrink sleeve material:	(most common choices are OPS, I	PVC, or PETG)	
7)	# of ink colors: # of art versions:	(please attach or include an art file for	r most accurate quote	
8)	Special varnish or surface coating: (choice of none gloss varnish matte varnish textured varnish)			
9)	Rolls or cut pieces? If rolls, maximum outside diameter of roll: (either in quantity or inches—12" outer diameter rolls are most common)			
10)	Core size:			
11)	Unwind position:(see unwind chart attached #1 thru #4 are 99+% most common,)		
12)	Total quantity per order:			
	Total quantity to be inventoried:			
	Total quantity per year:			
13)	Applying by hand or with an auto-applicator?	Make: M	lodel:	
14)	Payment terms desired:	(debit card, credit card or Net 30 days are	standard)	
Very in	nportant to please let us know if you require anything l	isted below—Yes or No:	_	
Special box, case, or pallet pack-outs or dimensions. Describe:				
	Special color approvals such as GMI or Delta E:			
	Agency compliance such as UL, CSA, AIB, SQF, FDA, ISO or CE:			
	 Special paperwork such as First Article, PPAP, Certificates of Conformance or Analysis: A mething also area should be are? 			
Anything else we should know?				