



Label Selection Questionnaire

To assist in determining the best solution for your label application please fill out the following questionnaire.

Contact Details

Contact Name: _____ Company Name: _____ Date: _____

Contact Number: _____ (Office) _____ (Mobile) _____ (FAX)

Overview of Requirements

Application Name: _____ Annual Volume: _____

Order Frequency: _____ times/year Size of Label _____ (inches) x _____ (inches)

Product to be Labeled

Surface	<input type="checkbox"/> HDPE	<input type="checkbox"/> LDPE	<input type="checkbox"/> Polyester	<input type="checkbox"/> Smooth
	<input type="checkbox"/> Corrugated	<input type="checkbox"/> Glass	<input type="checkbox"/> Metal	<input type="checkbox"/> Textured
	<input type="checkbox"/> Shrink Wrap	<input type="checkbox"/> PVC	<input type="checkbox"/> Other _____	
Shape	<input type="checkbox"/> Flat	<input type="checkbox"/> Curved	<input type="checkbox"/> Small Diameter (<1 inch)	<input type="checkbox"/> Rigid
	<input type="checkbox"/> Corner	<input type="checkbox"/> Round	<input type="checkbox"/> Other _____	<input type="checkbox"/> Squeezable

Additional Product Details

Label

Film	<input type="checkbox"/> White	<input type="checkbox"/> Metal/Foil	<input type="checkbox"/> Gloss	<input type="checkbox"/> Matte
	<input type="checkbox"/> Clear	<input type="checkbox"/> Other _____		
	<input type="checkbox"/> Polystyrene	<input type="checkbox"/> BOPP	<input type="checkbox"/> Compostable	
	<input type="checkbox"/> PET	<input type="checkbox"/> PVC	<input type="checkbox"/> Other _____	
Paper	<input type="checkbox"/> White	<input type="checkbox"/> Fluorescent	<input type="checkbox"/> Gloss	<input type="checkbox"/> Matte
	<input type="checkbox"/> Metal/Foil	<input type="checkbox"/> Other _____	<input type="checkbox"/> Post-Consumer Waste	

Additional Facestock Details

Printing and Converting

Variable Information Printing	<input type="checkbox"/> Laser	<input type="checkbox"/> Thermal Transfer	<input type="checkbox"/> Impact
	<input type="checkbox"/> Injet	<input type="checkbox"/> Direct Transfer	<input type="checkbox"/> Other _____
	Printer Model _____	Ribbon _____	
Finishing	<input type="checkbox"/> Roll	<input type="checkbox"/> Sheet	
	<input type="checkbox"/> Fanfold	<input type="checkbox"/> Other _____	Additional Printing Details _____

Adhesive

Adhesive Type	<input type="checkbox"/> Removable	<input type="checkbox"/> Repositionable	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Static Cling	<input type="checkbox"/> Permanent	Additional Adhesive Details _____

Environmental & Special Conditions (at time of application/post application)

Application Temperature _____ °F Service Temperature _____ °F (min) to _____ °F (Max)

Special Conditions	<input type="checkbox"/> Wet/Moist	<input type="checkbox"/> High Humidity	<input type="checkbox"/> Outdoor	<input type="checkbox"/> Other _____
Special Label Requirements	<input type="checkbox"/> Direct Food	<input type="checkbox"/> UV Resist	<input type="checkbox"/> Oils	<input type="checkbox"/> Other _____

Other Environmental or Special Considerations _____

Application Method

Applicator	<input type="checkbox"/> Automatic _____ (speed)	<input type="checkbox"/> Hand/Manual	Special Conditions	<input type="checkbox"/> Fresh Blown Containers
	<input type="checkbox"/> Other _____			<input type="checkbox"/> Hot Fill Containers

Other Application Method Considerations _____