



# CUSTOM LABEL QUOTE REQUEST FORM

TSC GENUINE SUPPLIES

DATE: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

PHONE#: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_


Maximize your savings through our FlexShipProgram.  
 Order in volume and we'll release and invoice your product as you need it over a 180 day period. Ask your sales representative for program details.

TSC PRINTER MODEL\*: \_\_\_\_\_

\* Please state the TSC printer model in which these labels will be used. This information will allow us to determine core size, roll o.d. and maximum labels per roll. If you would like a non-standard roll configuration quoted, please note under SPECIAL REQUIREMENTS within the LABEL CHARACTERISTICS section below.

QUANTITY OF LABELS TO QUOTE:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

LABEL CHARACTERISTICS	APPLICATION / ENVIRONMENT														
<p><b>DIMENSIONS:</b>            WIDTH: _____ inches            LENGTH: _____ inches</p> <p><b>MATERIAL :</b></p> <p><input type="checkbox"/> THERMAL TRANSFER  <input type="checkbox"/> STANDARD DIRECT THERMAL (NON-TOPCOATED)  <input type="checkbox"/> PREMIUM DIRECT THERMAL (TOPCOATED)  <input type="checkbox"/> FILM  <input type="checkbox"/> OTHER: _____</p> <p><b>ADHESIVE:</b></p> <p><input type="checkbox"/> PERMANENT  <input type="checkbox"/> REMOVABLE  <input type="checkbox"/> ALL TEMP / FREEZER</p> <p><b>FINISHING:</b></p> <p><input type="checkbox"/> ROLL  <input type="checkbox"/> FANFOLD</p> <p><b>COLOR:</b></p> <p><input type="checkbox"/> BLANK  <input type="checkbox"/> FLOODCOAT / TINTED  <input type="checkbox"/> SPOT COLOR            # OF COLORS: _____</p> <p><b>PERFORATION:</b></p> <p><input type="checkbox"/> PERFORATED  <input type="checkbox"/> NO PERFORATION</p> <p><b>SPECIAL REQUIREMENTS:</b> _____</p>	<p><b>WHAT CHEMICAL RESISTANCE IS NEEDED? (check all that apply)</b></p> <p><input type="checkbox"/> ALCOHOL  <input type="checkbox"/> OIL  <input type="checkbox"/> GREASE  <input type="checkbox"/> SOLVENTS  <input type="checkbox"/> NONE  <input type="checkbox"/> OTHER: _____</p> <p><b>IN WHAT ENVIRONMENT WILL THE LABEL BE USED? (check all that apply)</b></p> <p><input type="checkbox"/> INDOORS  <input type="checkbox"/> OUTDOORS COVERED  <input type="checkbox"/> OUTDOORS UNCOVERED  <input type="checkbox"/> COLD TEMPERATURE (ie: freezer)  <input type="checkbox"/> HOT TEMPERATURE (ie: oven)  <input type="checkbox"/> ROOM TEMPERATURE  <input type="checkbox"/> OTHER: _____</p> <p><b>WHAT SURFACES MUST THE LABEL ADHERE TO? (check all that apply)</b></p> <table style="width: 100%;"> <tr> <td style="width: 50%;"><b>TYPE:</b></td> <td style="width: 50%;"><b>CONDITION:</b></td> </tr> <tr> <td><input type="checkbox"/> CORRUGATED</td> <td><input type="checkbox"/> CURVED</td> </tr> <tr> <td><input type="checkbox"/> GLASS</td> <td><input type="checkbox"/> DIRTY</td> </tr> <tr> <td><input type="checkbox"/> PAPER</td> <td><input type="checkbox"/> FROZEN / WET</td> </tr> <tr> <td><input type="checkbox"/> METAL</td> <td><input type="checkbox"/> MOIST</td> </tr> <tr> <td><input type="checkbox"/> WOOD</td> <td><input type="checkbox"/> OILY</td> </tr> <tr> <td><input type="checkbox"/> OTHER: _____</td> <td><input type="checkbox"/> OTHER: _____</td> </tr> </table> <p><b>LIFE EXPECTANCY OF THE LABEL:</b> _____</p> <p><b>SPECIAL REQUIREMENTS:</b> _____</p>	<b>TYPE:</b>	<b>CONDITION:</b>	<input type="checkbox"/> CORRUGATED	<input type="checkbox"/> CURVED	<input type="checkbox"/> GLASS	<input type="checkbox"/> DIRTY	<input type="checkbox"/> PAPER	<input type="checkbox"/> FROZEN / WET	<input type="checkbox"/> METAL	<input type="checkbox"/> MOIST	<input type="checkbox"/> WOOD	<input type="checkbox"/> OILY	<input type="checkbox"/> OTHER: _____	<input type="checkbox"/> OTHER: _____
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<p><b>PACKAGING REQUIREMENTS</b></p> <p>We will package your custom labels in a configuration best suited for ease of handling and efficient transport. However, if you would like your product packaged to specific guidelines (ie: bagged, shrink wrapped, masterpacked, #/pallet etc.), please note your requirements within this section:</p> <p>_____            _____            _____            _____</p> <p><b>PLEASE FAX OR EMAIL FORM TO:</b>  <b>TSC SUPPLIES ESTIMATING</b>  <b>FAX: 657-258-0809</b>  <b>EMAIL: <a href="mailto:supplies@tscprinters.com">supplies@tscprinters.com</a></b></p>	<p><b>PRINT DIRECTION (circle)</b></p> <p style="text-align: center;"><b>LABEL SIDE OUT</b></p>  <p style="text-align: center;"><b>LABEL SIDE IN</b></p> 