

LABEL and NAMEPLATE CHECKLIST

CUSTOMER: _____	SALESPERSON: _____
CUSTOMER NUMBER: _____	DATE SUBMITTED: _____ <input type="checkbox"/> O/H DIE # _____
CONTACT: _____	DATE REQUIRED: _____ <input type="checkbox"/> NEW DIE
PHONE: _____ FAX: _____	<input type="checkbox"/> TYPED QUOTE NEEDED
PART NUMBER / REV: _____	E-MAIL ADDRESS: _____
START TIME / DATE: _____ END TIME / DATE: _____	<input type="checkbox"/> Direct <input type="checkbox"/> Distributor

Application Description:

1. Describe the intended end use for the label: _____ Outdoor Usage Indoor Usage
2. **General Specifications:** Size: Width _____ X Length _____ Radius Corner _____ "
 Required Size: Exact or Approximate Pinfeed _____ " Perf _____ " Fanfold _____ "
 Material/Adhesive Selection: _____ Material #: LG-
 Certification: UL _____ CSA ROHS compliant
 CERTS Needed? Yes (LGI Std. or Custom)
3. **Electronic Printing Information:** *End User Imprinting Required?* Yes No
 If Yes then: Thermal Transfer Direct Thermal Laser Dot Matrix
 What brand of printer will be used?
4. **Packaging:** Copy position/Unwind direction _____ Labels per roll
 No. of pieces per package _____ Sheets/Fanfold _____ labels per package
 Core Diameter: 3" Other _____" Outside Roll Diameter: _____"
5. **Type of surface label is to be applied to:** ABS Polycarbonate Polane Paint
 Polypropylene High Density Polyethylene Metal Other
Shape: Flat Curved **Finish:** Smooth Light texture Rough texture

Exposure and Usage:

1. Temperature range label is exposed to: _____ Time exposed to temperature extremes: _____
 Required label life after application: _____
2. Which of the following conditions apply for this application?
 Chemical or abrasion resistance Label automatically applied. Type of machine: _____

Printing Information (To be printed by LGI):

1. Will label have any printing? Yes No If Yes, how many colors? 1 2 3 4
2. Number of color matches? 1 2 3 4
3. Will label have bar coding? Yes No
4. Will label have sequential numbering? Yes No If Yes: Height _____ No. of digits _____
5. Will artwork be provided? Yes No If Yes, what media: Disk E-Mail Mac PC
 Proof required: Yes No If Yes: Fax Card E-Mail Address for Proof: _____

LABEL QUANTITY	PRICE PER UNIT	PRICE	QUOTE # _____	TOOLING _____
_____	_____	_____	PRODUCT _____	PREP _____
_____	_____	_____	PROCESS _____	ART _____
_____	_____	_____	COPY CHANGES _____ @ _____	
_____	_____	_____	COLOR MATCH _____ @ _____	
_____	_____	_____	LEAD TIME: _____	APRVD BY: _____ DATE: _____

Notes: _____

