

Label Quote Request

Use this quote request to help us choose the right [label](#) for your needs. The following form should only take a few minutes to complete. Please fill out all fields and click the submit button at the bottom of the page. An ID Images representative will respond to your request shortly with pricing. Click on the help icons for more information on each term.

Upload File no file selected

(Optional) Include an image to help us quote. We accept JPEG, GIF, EPS, PDF, and PNG format only. Maximum file size is 5mb. **Uploading a file will clear your current input data.**

Label Characteristics (Required Fields indicated by *)

* Material:	* Finish:
* Adhesive:	* Finishing:
* Shape:	Perforation:
* Color:	* Color:

Extra Characteristics: (e.g. Face slit, Face perf, Back slit, UL, British Standard, Canada UL, ISO, GMP, etc.)

Measurement and Quantity

Label Dimensions: * Width: * Length:

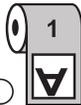
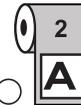
* Core size: Repeat:
(Inner Diameter)

Roll Outer Diameter: * Number of Labels Per Roll/Fold:

Number of Labels Per Case: Additional Notes:

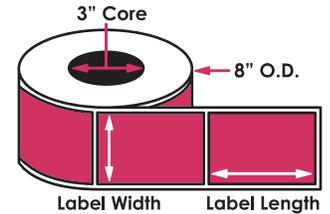
* What is the printer make/model?

Wind Direction: (If Print On Label)

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
							

Hand Applied Auto Applied Can label be altered to fit an existing die size to reduce die fees?
(If Yes, what is the tolerance? e.g. + or - .5")

* Quantity of labels to quote:



Application and Environment

What chemical resistance does your label require? (Choose up to three)

In what environments or conditions will the label be used? (Choose up to three)

Temperature Range: Other:

Application Temp: Service Temp Range:

What surfaces must the label adhere to? (Choose up to three)

How long must the label last?

Special Packaging

Are there any special packaging requirements?

Yes No

If yes, please explain (e.g. Poly bag, Banded, Shrink wrap, Box in box, Chip board, Skid size, Heat treated skids)

Contact Information

* First & Last Name:

* Company:

* Phone:

Fax:

* E-mail Address:

Distributor

Sales Rep:

End User

Ship To Location

Company name:

Street

* City

State/Province

Zip/Postal Code

Please send samples if applicable with your business card, and completed form to

Estimating Department • 1120 W. 130th St. • Brunswick, OH 44212

Feedback

(Optional) Please let us know how we can improve our online quoting.