

Request a Quote

Please fill out the below information to the best of your ability then fax to MR Label at 513.681.1249



quality self-adhesive products since 1976
 (513) 681-2088 FAX (513) 681-1249
 1-888 LABEL CO www.mrlabelco.com

5018 GRAY ROAD CINCINNATI, OH 45232

Customer Information

Customer: _____

Contact Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: () _____ Fax: () _____ E-Mail: _____

Label Specifications

Size: Length _____ x Width _____ Round Corner Radius _____ Use Closest Standard Tooling

Shape: Rectangle Circle Oval Irregular Shape

Number of Colors: _____ Please List: _____

Label will be applied to: Smooth Surface Rough Surface Other: _____

Label will be used: Indoor Outdoor Other: _____

<p>Material: Face Stock:</p> <p><input type="checkbox"/> Vinyl</p> <p><input type="checkbox"/> Polyester/Mylar</p> <p><input type="checkbox"/> Polypropylene</p> <p><input type="checkbox"/> Polycarbonate</p> <p><input type="checkbox"/> Paper</p> <p><input type="checkbox"/> Thermal Imprintable</p> <p><input type="checkbox"/> Special (Explain in Notes)</p> <p><input type="checkbox"/> Please Recommend</p>	<p>Adhesive:</p> <p><input type="checkbox"/> Permanent</p> <p><input type="checkbox"/> Removable</p> <p><input type="checkbox"/> None</p> <p><input type="checkbox"/> Special (Explain in Notes)</p> <p><input type="checkbox"/> Please Recommend</p>	<p>Finish:</p> <p><input type="checkbox"/> Clear Overlamine</p> <p><input type="checkbox"/> Matte Overlamine</p> <p><input type="checkbox"/> Clear Varnish</p> <p><input type="checkbox"/> Matte Varnish</p> <p><input type="checkbox"/> None</p> <p><input type="checkbox"/> Special (Explain in Notes)</p> <p><input type="checkbox"/> Please Recommend</p>
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Use UL/CSA Materials (If so please describe surface/application): _____

Labels to be finished in: Rolls Sheets Fanfolded Other: _____

<p>Finishing: <input type="checkbox"/> Computer Pinfeed <input type="checkbox"/> Consecutive Number</p> <p><input type="checkbox"/> Perforated <input type="checkbox"/> Consecutive Barcode</p> <p><input type="checkbox"/> Auto Applied <input type="checkbox"/> Imprinted Variable Information</p>	<p>How many labels per roll / sheet / lift: _____</p> <p>Maximum Roll Diameter: _____</p> <p>Our Standard Core Size is 3"</p> <p>If other please specify _____</p>
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Required Roll Chart: (If Necessary)

1	2	3	4	5	6	7	8
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Artwork: To Be Provided MR Label to Create None (Blank Label) Artwork can be emailed to: artdept@mrlabelco.com

Quantities to Quote: _____

Notes (Please provide any additional information needed for quotation):
