LabelChics.Com Quote Request Form

**Date** 3/1/2020 9:26 AM

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| **Last Name** | Click or tap here to enter text. |
| **First Name** | Click or tap here to enter text. |
| **Company Name** | Click or tap here to enter text. |
| **Email** | Click or tap here to enter text. |
| **Phone** | Click or tap here to enter text. |
| **Describe Your Product/Project:** |  |
| **Choose Your Label Type** | Choose an item. |
| **Choose Your Label Shape** | Choose an item. |
| **Label Width (Inches)** | Click or tap here to enter text. |
| **Label Length (Inches)** | Click or tap here to enter text. |
| **Gap/Repeat (Standard is 1/8”)** |  |
| *\*(Example: 4”x6” Label #2 Wind is 6.125” Has a 6.125” Repeat. Some Auto-Apply Equipment requires a 1/4" Gap, Brown Kraft or Clear Liner. Please Specify)* | |
| **Ink Colors (Number of Colors)** | Choose an item. |
| **Preferred Material** | Choose an item. |
| **Coating (If Known)** | Choose an item. |
| **Add Spot Raised/Textured Varnish** |  |
| **Number of SKU’s** | Click or tap here to enter text. |
| **Total Order Quantity** | Click or tap here to enter text. |
| **Finishing** | Choose an item. |
| **Wind Direction** | Choose an item. |

