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. |

