

CROWN LABEL COMPANY

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REQUEST FOR ESTIMATE FORM

(Filling out the Request Form will assist us in completing your orders in a timely manner)

Crown Label Estimate # _____ Label Quantities _____

Date _____ Date Labels needed: _____

Customer Contact Information:

Customer Name _____
Fax # _____ Attn: _____
Phone # _____
E-mail _____

Artwork Info: (Check box or circle appropriate specifications below)

(supplied artwork)

Sample

Scan

Disk

E-mail

Other _____

Label Dimensions _____

Radius _____ **Reverse** / Line copy
(circle one)

Number of Colors _____ / _____
(List pantone #'s if available)

4 Color Process (CMYK)

Hand / Machine applied

Special Instructions: _____

Material: _____

Lamination: _____

Varnish: _____

Press Info: (Circle appropriate specifications below)

Press Type: Flexo Letterpress Hot Stamp

Run direction: Left Right Top Bottom

Bleed: Yes No

Type Cut: Die Buttcut Special Knife Special Shape

Numbering: 1/16 1/8 5/32 3/16 7/32