

Label Selection Questionnaire

To better understand your needs and make the optimal recommendation for your application, please complete the following Label Section Questionnaire.

Contact Details

Contact Name: _____ Company Name: _____

Contact Number: _____ (Office) _____ (Mobile) _____ (FAX)

Overview of Requirements

Application Name: _____ Annual Volume (MMSI): _____

Order Frequency: _____ times/year Size of Label _____ (mm) x _____ (mm)

Product Currently Used for Application: _____

End User: _____

Product to be Labeled

Substrate	<input type="checkbox"/> HDPE	<input type="checkbox"/> LDPE	<input type="checkbox"/> PET
	<input type="checkbox"/> Corrugated	<input type="checkbox"/> Glass	<input type="checkbox"/> PET Metal (Coated/Painted)
	<input type="checkbox"/> Shrink Wrap	<input type="checkbox"/> PVC	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Smooth	<input type="checkbox"/> Textured	
Shape	<input type="checkbox"/> Flat	<input type="checkbox"/> Curved	<input type="checkbox"/> Small Diameter (<1 inch)
	<input type="checkbox"/> Corner	<input type="checkbox"/> Round	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Rigid	<input type="checkbox"/> Squeezable	

Additional Product Details _____

Facestock

Film	<input type="checkbox"/> White	<input type="checkbox"/> Metal/Foil	
	<input type="checkbox"/> Clear	<input type="checkbox"/> Other _____	
	<input type="checkbox"/> Gloss	<input type="checkbox"/> Matte	
	<input type="checkbox"/> PP	<input type="checkbox"/> PE	<input type="checkbox"/> Polyolefin
	<input type="checkbox"/> PET	<input type="checkbox"/> PVC	<input type="checkbox"/> Other _____
Paper	<input type="checkbox"/> White	<input type="checkbox"/> Fluorescent	
	<input type="checkbox"/> Metal/Foil	<input type="checkbox"/> Other _____	
	<input type="checkbox"/> Gloss	<input type="checkbox"/> Matte	<input type="checkbox"/> Coated

Additional Facestock Details _____

Printing and Converting

Press Printing Flexo-UV Flexo-Water based
 Digital Other _____

Variable Information Printing Laser Thermal Transfer Impact
 Inkjet Direct Transfer Other _____

Printer Model _____ Ribbon _____

Die-cutting Die cut Face Cut & Perforated
Finished Roll Roll to Roll Roll to Sheet Other _____

Is the label to be overprinted? Yes No If Yes, by what means? Thermal Transfer Ribbon Direct Thermal Material

Additional Printing Details _____

Adhesive

Adhesive Type Emulsion Acrylic Solvent Permanent
 Removable Repositionable Other _____

Additional Adhesive Details _____

Environmental & Special Conditions (at time of application/post application)

Application Temperature _____ °F
Service Temperature _____ °F (min) to _____ °F (Max)

Special Conditions Wet/Moist High Humidity Outdoor
 Dirty Dusty Other _____

Special Label Requirements Direct Food Oils Solvent Resist
 UV Resist Other _____

Other Environmental or Special Considerations _____

Application Method

Applicator Automatic _____ (speed) Hand/Manual
 Other _____

Special Conditions Fresh Blown Containers
 Hot Fill Containers

Other Application Method Considerations _____

- BLANK & PRE-PRINTED LABELS
- LABELLING SYSTEMS
- RIBBONS
- BARCODING
- INKJET SYSTEMS
- SOFTWARE SUPPORT
- MAINTENANCE

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