

Mobile ID Solutions – Custom Label Quote Worksheet

Please Fax to (714)532-4234 or Email to sales@mobileidsolutions.com when completed

Company Information		
Company Name	_____	
Contact Name	_____	
Street Address	_____	
City, State, Zip Code	_____	
Phone Number	_____	
Label Information		
Media Type:	<input type="checkbox"/> Label <input type="checkbox"/> Tag <input type="checkbox"/> Receipt <input type="checkbox"/> Wristband	
Quantity:	_____	Estimated Annual Usage: _____
Printer Information		
Manufacturer:	_____	
Model:	_____	
Label Size and Shape		
Shape:	<input type="checkbox"/> Rectangular <input type="checkbox"/> Circle <input type="checkbox"/> Other _____	
Dimension:	Width _____	Length (Height) _____
Number of Labels Across:	_____	
Label Material/Adhesive		
Material		
<input type="checkbox"/> Thermal Transfer Paper	<input type="checkbox"/> Direct Thermal Paper	<input type="checkbox"/> Other _____
<input type="checkbox"/> Thermal Transfer Synthetic	<input type="checkbox"/> Direct Thermal Synthetic	
Adhesive		
<input type="checkbox"/> No Adhesive (Tag)	<input type="checkbox"/> General Purpose Permanent Adhesive	<input type="checkbox"/> Removable
<input type="checkbox"/> Repositionable	<input type="checkbox"/> Aggressive/High-Tack	<input type="checkbox"/> Freezer Grade
Environment		
<input type="checkbox"/> Indoors (up to 1 Year)	<input type="checkbox"/> Outdoors (up to 1 Year)	<input type="checkbox"/> Outdoors (3+ Years)
<input type="checkbox"/> Indoors (1+ years)	<input type="checkbox"/> Outdoors (up to 1 Year)	
Chemicals To Resist		
<input type="checkbox"/> None	<input type="checkbox"/> Weak (blood, Windex, body fluids)	<input type="checkbox"/> Moderate (ammonia, bleach, IPA)
<input type="checkbox"/> Harsh (gasoline, grease, oil)	<input type="checkbox"/> Extreme (acetone, MEK, xylene, TCE)	
Temperature Range (min)		
<input type="checkbox"/> Standard (Down to 32F/0C)	Temperature Range (Max)	
<input type="checkbox"/> Down to -20°F/-29°C	<input type="checkbox"/> Standard (Up to 120F/49C)	
<input type="checkbox"/> Down to -40°F/-40°C	<input type="checkbox"/> Up to 150°F/66°C	
<input type="checkbox"/> Down to -65°F/-54°C	<input type="checkbox"/> Up to 175°F/79°C	
<input type="checkbox"/> Down to -112°F/-80°C	<input type="checkbox"/> Up to 200°F/93°C	
	<input type="checkbox"/> Up to 250°F/121°C	
	<input type="checkbox"/> Up to 300°F/149°C	

Mobile ID Solutions – Custom Label Quote Worksheet

Please Fax to (714)532-4234 or Email to sales@mobileidsolutions.com when completed

<input type="checkbox"/> Above 300°F/149°C			
Surface To Be Labeled <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> Paper <input type="checkbox"/> Corrugate (cardboard boxes) <input type="checkbox"/> Plastic </div> <div style="width: 30%;"> <input type="checkbox"/> Packaging Film (shrink wrap) <input type="checkbox"/> Raw Material </div> <div style="width: 30%;"> <input type="checkbox"/> Powder Coat/Painted Metal <input type="checkbox"/> Glass </div> </div>			
Condition of Surface to Be Labeled <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> Clean <input type="checkbox"/> Moist </div> <div style="width: 30%;"> <input type="checkbox"/> Dusty <input type="checkbox"/> Frosty </div> <div style="width: 30%;"> <input type="checkbox"/> Dirty </div> </div>			
Label Roll Information/Finishing			
Core Size Inner: _____ Outer (Max): _____			
Perforation (Between Labels): <input type="checkbox"/> No Perforations <input type="checkbox"/> Perforations			
Sensing: <input type="checkbox"/> Gap/Die cut <input type="checkbox"/> Notch, Match Position: (L, R) <input type="checkbox"/> Black Mark			
Winding/Stacking: <input type="checkbox"/> Wound Out <input type="checkbox"/> Wound-In <input type="checkbox"/> Fan-Folded <input type="checkbox"/> Not Sure			
Print Mode: <input type="checkbox"/> Tear-off <input type="checkbox"/> Peel-Off <input type="checkbox"/> Cutter <input type="checkbox"/> Rewinder			
Label Color (FloodCoat)/Finishing			
<input type="checkbox"/> No Floodcoat <input type="checkbox"/> Floodcoat Color: _____ PMS: ____			
Pre-Printed Information			
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> Static <input type="checkbox"/> Consecutive <input type="checkbox"/> Barcode <input type="checkbox"/> Human Readable Characters <div style="margin-left: 20px;"><input type="checkbox"/> Above Barcode <input type="checkbox"/> Below Barcode</div> </div> <div style="width: 30%;"> Starting Number: _____ Symbology: _____ </div> <div style="width: 30%;"> Ending Number: _____ </div> </div>			
Other Notes			
<input type="checkbox"/> Proof Required			